IMPERIAL COUNTY
CHILDREN & FAMILIES
FIRST COMMISSION

STRATEGIC PLAN 2013

Imperial County Children
and Families First Commission
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Introduction

Developing a meaningful approach for providing services targeting young children and their families in Imperial County is at the forefront of the Imperial County Children and Families First Commission. This process is complex and will continually require assessment and modification in response to our changing environment. The fundamental decisions issued over time by Commissioners will depend significantly on the process for determining where Proposition 10 funds will most impact this community and the methodology for assessing this process. Therefore an inclusive and responsive Strategic Plan is the source driving the Commission's decisions for allocating resources and setting priorities that intend to provide services directed to the optimal development of children prenatal to 5 (0-5) years of age. The Strategic Plan 2008 focuses on issues currently affecting the well-being, development, achievement and health of children 0-5 years of age residing in Imperial County. The ability to have lasting impacts on the far-ranging issues concerning children and their families throughout the county is no easy task and would require investments above and beyond those allocated for Commission projects. The strategic planning process is the basis of these decisions, and the Strategic Plan 2008 is a document that will, and has, evolved over time. It is led by the sequence of questions raised through the course of assessments that identify conditions that may positively impact the overall development of children 0-5 years of age.

The principle focus of Proposition 10 is early childhood development, which is based on current research supporting the importance of early investments and interventions aimed at positively impacting the emotional, physical and intellectual environment that a child is exposed to in the early years of life. For example, a simple investment in family literacy can have a profound impact on the brain development of a young child. Infant, toddler and preschooler experiences with parents and caregivers highly influence basic physical and emotional functions, and can have a lasting influence on that child as she or he enters the K-12 school system and later in life. Although Proposition 10 is similar to Proposition 99 which funds anti-smoking and health programs and Proposition 98 which is state tax money that is utilized for public education, Proposition 10 provides the first significant investment of monies strictly focused on the critical years of a child's development.

The Strategic Plan 2013 intends to offer a framework that identifies areas where opportunities to enhance the capacities of Imperial County service providers and families can work to improve the conditions for child development. Through service performance measures and results-based accountability, the Commission will make fundamental decisions and take action on supporting children and their families in a context that involves an end result measured through positive change for selected outcomes – an anticipation of how these enhancements can affect the future. Changes, modifications or re-drafting of this document will be based on the ability to meet the priorities established through Commission investments in projects serving children 0-5 years of age, their families and caregivers. Perhaps at the forefront of the strategic planning process and assessment of service delivery is continually asking, "Are we doing the right thing for our youngest residents?"

The first step towards getting somewhere is to decide that you are not going to stay where you are.

Anonymous

Vision:

All Imperial County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

Mission:

Contemporary research on brain development clearly indicates that the emotional, physical and intellectual environment that a child is exposed to in the early years of life has a profound impact on how the brain is organized. Early experiences that a child has with parents and caregivers will significantly influence the school readiness of the child and play a meaningful role in the development and success of that child later in life.

The California Children and Families Act of 1998 is designed to provide, on a community-by-community basis, children prenatal through five (0-5) years of age with a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality child care, family literacy, parent education and effective intervention programs for families at-risk, children, their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments. These attachments will lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society.

Goals of the Commission:

Commission priorities will focus on three primary goals or *'result areas.'* These result areas are considered critical to the optimal development of the child, from his/her prenatal years through the child's school entry age. The primary goals, and subsequent objectives identified under each goal, will inclusively focus on family functioning, early care and education, and child health, which are as follows:

Goal 1: Promote parenting and caregiver education services to enhance optimal child development and to encourage healthy, stable and economically independent families.

Goal 2: Improve the development and school readiness of young children from birth through age five.

Goal 3: Develop multi-disciplinary interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.

Background

On November 1998 California voters supported Proposition 10, a ballot initiative spearheaded by actor/director/child advocate Rob Reiner. The Proposition 10 initiative authorizes the State of California to add a supplemental tax to tobacco products sold in the state, where 100% of these tax revenues would be used to support programs directly serving children prenatal to five years of age regardless of their residency status or income level. Subsequently the initiative was named the *California Children and Families Act*, and would further authorize the creation of the California Children and Families Commission (now known as First 5 California), and 58 independent County Children and Families Commissions.

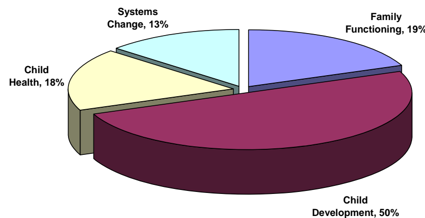
> *Daring ideas are like chessmen moved forward. They may be beaten, but they may start a winning game.*
>
> *J.W. von Goethe*

A county ordinance (#1213) establishing the Imperial County Children and Families First Commission was passed on December 15, 1998 by the Imperial County Board of Supervisors. This ordinance authorized the formation of a nine-member Commission to prioritize Proposition 10 goals and objectives for Imperial County children and their families and oversee the general operation of the Commission. These goals and objectives must work to enhance the development and well-being of children prenatal to 5 years of age and their families or caregivers. Areas of focus include the distribution of funding for child health, quality childcare programs, family functioning, and parent education services designed to meet local needs. Efforts include the requirement to develop a Strategic Plan. The intent of adopting a Strategic Plan is to ensure the development of a process that works to identify local needs through the collection of data and input from the community, in addition to creating a plan that is subject to continual modification and input from the community. This document is used to guide all funding allocations made by the Commission. The first Strategic Plan was submitted to the Board of Supervisors for approval on October 12, 2000, and has been updated on an annual basis. The Commission has stressed the need to draft a new plan due to recent changes in the county, the identification of service delivery methods, and shifting of priorities for the Commission.

Revenues generated from Proposition 10 are approximately $500 million annually. Twenty percent of these funds go directly to First 5 California, the State Commission overseeing strategic objectives throughout the State of California. Eighty percent of funds generated are distributed to trust funds established by each County Commission. These allocations are based on the number of live births per county within a given year. Before these

funds are distributed to local County Commissions, the Commission must develop its Strategic Plan. The Imperial County Children and Families First Commission has been actively funding local projects through Proposition 10 revenues since the 2000-2001 fiscal year. In the past twelve years of funding, from 2000 to 2012, the Commission has invested $29.4 million dollars to support projects serving children 0-5 years of age and their families. Focus areas have included:

- Family Functioning
- Child Development
- Child Health
- Systems Change



During these years the Commission has supported a number of projects that worked to serve children 0-5 years of age which included: services to increase the number of women receiving prenatal care; a focus on child literacy through a mobile book services unit providing story-times to preschool-age children; fire and burn prevention education for children, care givers and families; the creation of a family resource center that primarily focuses on increasing the school readiness of children cared for by a stay-at-home parent or exempt provider; advocacy support and school readiness activities for children that have been removed from their families or that are wards of the court; enhanced preschool services through a home instruction program and support for children identified as having special needs but do not qualify for preschool services; parent education and parenting classes for parents with young children; a child asthma project to help parents learn to manage their child's asthma; projects that work to increase breastfeeding rates for mothers delivering children at local hospitals; incentives for local medical providers entering client data into the local Immunization Registry; extended preschool services for migrant farmworker families; services targeting children with special needs through parent education and preschool services; in addition to a school readiness program targeting children entering 5 local under-performing schools and stipends for eligible early care and education providers. For fiscal 2012-2013 fiscal the Commission has allocated $1,681,615 for projects funded through the request for proposal process, in addition to $260,000 for the School Readiness Program and early care and education provider stipends.

Imperial County Profile

Establishing a profile for Imperial County based on general conditions is important when looking at all issues affecting families in the area, especially issues related to children 0-5 years of age. Therefore a brief profile for the County has been developed that concisely provides geographic, demographic and socio-economic conditions for the area.

Geographic Description:

Imperial County, located within California's southern desert region, is geographically the ninth largest county in the state. The land area for this county spans over 4,597 square miles and is situated in a unique area bordered by Riverside County to the north, San Diego County to the west, the State of Arizona to the east, and the U.S.-Mexico border to the south. The landscape can vary from 4,548 feet above sea level at Blue Angel Peak to 235 feet below sea level at the Salton Sea, though the majority of its area is at or below sea level.

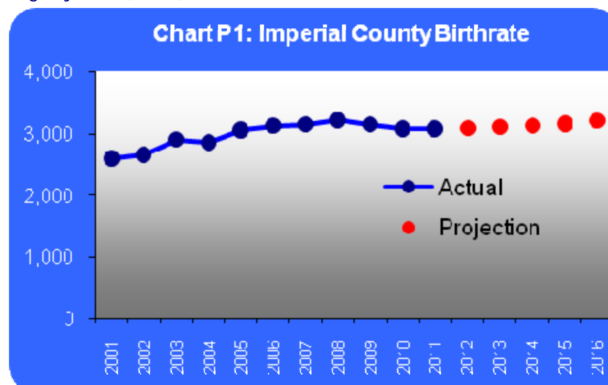
The climate is generally hot and dry, with temperatures that range from the low 30s in January to highs of 110 degrees from June through September. There is little rainfall in the county, less than three inches per year. Although Imperial County is situated in a desert region, with its high temperatures and low rainfall, the availability and abundance of water sustains the possibility of life and development. The main source of water in the area is supplied by the Colorado River and introduced through the All-American Canal, the largest irrigation canal in the country. Therefore an extensive irrigation system and fertile lands have worked to identify Imperial County as an important agricultural producing county.

Population Demographics:

The California Department of Finance reports that the total resident population for Imperial County has increased significantly, though continues to have a low population density classified as 38 persons per square mile. The 2012 census total population was estimated at 174,528; a growth of 23.9% since 2000. The county ranked 14th out of 58 counties in percent of growth, and ranks 30th in overall population. California County population projections indicate that Imperial County is expected to grow to 187,663 in 2015; 200,521 by 2020; and 228,164 by 2030. U.S. Census reports and Department of Finance estimates indicate that the ethnic make-up of the total county population is 12.4% White, 80.4% Hispanic, 1.6% Asian, 0.1% Pacific Islander, 3.3% African American, 1.8% Native American, and 0.4% Multirace. The median age for all county residents is estimated to be 31.8 years of age. The following is a population breakdown by city:

City	Population
Brawley	25,465
Calexico	39,533
Calipatria	7,980
El Centro	43,396
Holtville	6,049
Imperial	15,353
Westmorland	2,270
Unincorporated	37,395
Total	**177,441**

The 0-5 age population accounts for 9.4 % of the total population and is consistent with the current growth trends and is represented by an estimated 17,015 children for 2011. The total number of births in 2011 for area residents was 3,075, signifying a change in total births by 18.3% over a ten-year period – the total number of births in 2001 was 2,597. Within the next 5-year period total births are expected to increase by up to 3%, and 8% over the next eight years (2018), as shown on Chart P1.



Furthermore the K-12 population accounts for another 21% of all residents. According to the California Department of Education, K-12 student demographics by ethnicity show that: 7.0% are White non-Hispanic, 89.2% are Hispanic, 0.7% are Asian, 0.3% are Pacific Islander, 1.1% are African American, 1.1% are Native American, and 0.6% are Multi-race or did not respond for this year.

Cultural and linguistic factors highly influence the local environment due to the County's proximity and relationship with Mexico. As noted a significant percent of the population is Hispanic, where U.S. Census reports further suggest that as many as 73% of the population speaks a language other than English at home, and that 32.4% of Imperial County residents whose primary language is other than English do not speak English fluently, and up to 35.9% of children in the K-12 school system are classified as being English language learners.

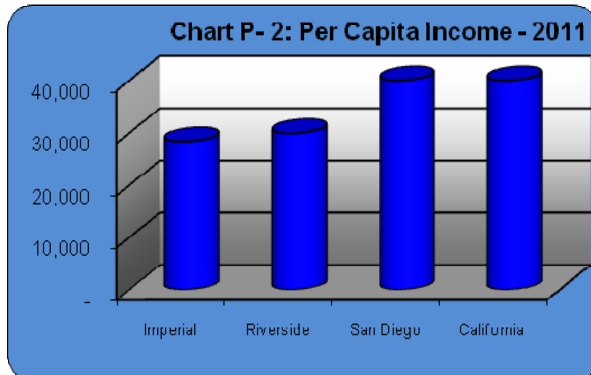
Socio-Economic Information:

As noted above, Imperial County is characterized as an agrarian county, and generally rural by definition, due to its land size and proximity to larger urban centers – the closest metropolitan area to the County's populated areas is the City of San Diego, approximately 120 miles west. The socio-economic position for the County has historically been one that is dominated by agriculture/farm-based and public sector employment. The California Employment Development Department reports that the overall labor force for Imperial County increased by 33.8% between 2002 and 2012 to a total of 76,900 individuals. Public sector/government jobs accounted for 31.9% of employment by industry for January 2012, where agriculture accounted for 18.0% and trade, transportation and utilities accounted for 20.5% of employment. Since it is an area with seasonal employment, due to agricultural production and seasonal dependence on tourism, local economies are affected by high unemployment rates. Over a ten-year period Imperial County's unemployment rates have fluctuated between 15.1% to 29.3%. Unemployment for 2012 was up to 26.8% for April, and substantially higher than the Statewide average of 10.5%.

Imperial County's population is extraordinarily poor, especially when compared to the rest of the State. According to the U.S. Census Bureau, in 2010 21.4% of all residents lived below poverty levels compared to 13.7% for the State, and 26.7% of children ages 0-5 live in poverty (the 2005 national average poverty threshold for a family of four is $22,314.00). The number of children ages 0 through 5 residing in low-income households equates to 9,113 (a low-income household is defined as an annual earning of less than $30,000). With 58 representing the lowest rank, Imperial County ranks 58th out of 58 counties on per capita income, and according to Children Now a significant number of children (0-17) are living in impoverished conditions.

The County's per capita personal income is one of the *lowest* in the state, listed by the Bureau of Economic

Analysis as $28,351 for 2011, which is significantly lower than that of the State and neighboring San Diego and Riverside Counties. Median household income for the same period was $39,402, compared to $61,632 for the State. Income levels and the number of children and families living below poverty affect general conditions for economic well-being according to the California Budget Project.



An average of only 43% of families is considered able to meet the basic levels of self-sufficiency in the county. Furthermore, the percent of the overall population in the County receiving CalWORKs has consistently been one of the highest in California though has improved slightly in recent years. In January 2012 Imperial County ranked the 5th highest in percent of CalWORKs recipients at 6.7%, where the statewide average was 3.7%.

U.S. Census Data also suggests that nearly 2.2% or 1,063 of County *households* do not have telephone services and 9.0% or 4,336 neither own nor have access to motorized transportation. Underserved by public transit, Imperial County transportation needs are escalated by the fact that 21.6% of the total population reside in the rural, desolate areas within the County.

The average household size is estimated at 3.4 persons per household, where the average family has 3.9 members. Of the population that is 25 years of age or older, only 65.6% have graduated from high school, and 13.3% have completed a Bachelor's degree or higher from an institution of higher education.

Identified Service Needs:

The Commission's Strategic Plan works to establish the proposed needs of children 0-5 years of age residing in Imperial County. This assessment identifies the necessary basis for developing consumer oriented delivery strategies that intend to maximize and supplement existing services and do not supplant them. All delivery strategies must exemplify cost efficiency and maximize outcomes-based accountability indicators. Delivery strategies will focus on prevention methodologies that interface with the children's continuum of care.

The Strategic Plan encourages methodologies that focus on the needs of children and processes that are effective without necessarily limiting services based on a child or family's income eligibility, though the Commission recognizes that in many cases income eligibility is a fact that determines need due to the conditions affecting families throughout the County. The Strategic Plan allows for a standard of equalization or a balancing of the scale to treat, assess, educate and support children, 0 through 5 years of age, equally.

Between birth and entry into formal schooling, all children encounter challenges for which they and their families may require some form of assistance. These challenges can range from minor health or behavioral problems to more severe developmental difficulties caused by displacement in out-of-home care and adoptive scenarios. Other challenges are related to access to basic services or the child's readiness to enter kindergarten. To successfully address these health and developmental concerns and maximize their children's potential including those at-risk, families and caregivers need support in early care and education, health education and related developmental services that are comprehensive, preventative, of high quality and easily accessible.

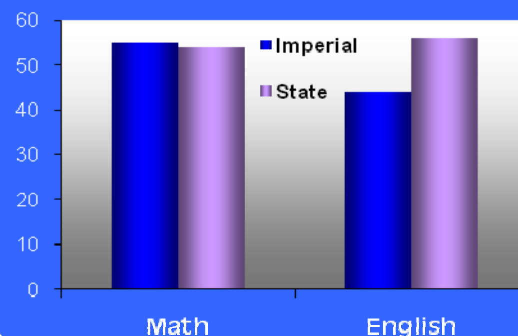
Therefore the Strategic Plan will focus on child development, behavioral and health issues based on the objectives identified under the three goals listed above, as they correspond to the following result areas: a) family functioning, b) child care and early education, and c) child health. Information contingent to these result areas is identified in the sections developed below, and the relative information is categorized in the logic-model framework which must be used by prospective grantees interested in proposing services for children 0-5 years of age, their families and/or caregivers.

Family Functioning

The overall development of the child, and family as a system, is complex and involves a multitude of social and individual characteristics that impact that development. Children from prenatal through age 5 are completely dependent on others for their care, nurturing and survival. The family and social environment are the key elements to well-being and lasting human development. Research clearly suggests a strong focus on the family environment and the importance of providing the necessary foundation for the expansion of opportunities will help to sustain safe and nurturing environments for young children. Studies indicate that individual factors exhibited early in childhood such as various forms of antisocial behaviors and difficult temperaments have been found to predispose youth to problems later in life. The well-being, social, academic and economic success of the child are highly influenced by the home environment and support structures that are available for both the child and family. Furthermore, supporting research identifies the family environment as an important variable in the development of delinquency, although the exact nature of the relationship between family environment and delinquency remains debatable. Also environmental factors have absolutely transformed the way many families function in Imperial County, which may include, family composition, parental work, family income, frequency of disabilities, need for childcare outside of the home, health access, housing conditions, and the prevalence of children separated from their parents. Health is connected to the stability and functioning of families. The National Center for Health Statistics, in *Family Environment Affects Health of Family Members*, asserts the impact that family well-being has on health; stating that the relationship between health status and family characteristics is such that family traits as education, income, marital status, and family size have an important impact on the health of family members. In addition, it is the case for Imperial County that many vulnerable families facing cultural and linguistic barriers are families whose subsistence depends on farmwork, or are geographically isolated. Therefore the Commission can work to impact Imperial County families with young children by enhancing services that support the overall functioning and well-being of the families, and will include: parent education and parenting classes; provision of basic family needs; family literacy services; distribution of kits for new parents; and other family functioning services.

Family Literacy:

The ability to read, perhaps more than any other skill, is a decisive factor in measuring success. How well the individual reads supports performance outcomes in the K-12 school system, in addition to one's world outlook and involvement in social issues. Literacy levels are directly connected to socio-economic well-being. As the Economic Policy Institute notes, in *Inequality at the Starting Gate*, the inequalities facing children before they enter school are less publicized and inequalities influencing a child's cognitive ability are substantial right from the "starting gate." These inequalities include differences in performance on test scores due to race and ethnicity; race and ethnicity are associated with socio-economic status; family structure and educational expectations are strongly linked to socio-economic status; socio-economic status is directly associated with cognitive skills. Children subsisting under these types of conditions, conditions that certainly imply disadvantage, are at risk of entering kindergarten in systematically lower-quality schools as defined by student achievement. The study suggests that two important indicators of success for a community are related to the level of literacy for its children and the extent of disparities in literacy skills for children with differing social characteristics and family background.



Children 0-5 years of age, and particularly children 0-3 years of age, strongly benefit from family literacy programs that focus on language development and the daily acquisition of literacy skills. Perhaps one way to assess this is relation to the proportion of children in the elementary school system that are deemed as being English language proficient in California Standards Test (CST) results reported by the California Department of Education. Chart 1.1 identified 2010-2011 proficiency levels in English Language Arts and Math for 2nd through 6th Grade students in Imperial County and the State. The most prominent gap is in English Language Arts - a difference of about 11 points. Less than 5 in 10 students in

grades 2nd through 6th are considered to be either proficient or advanced proficient in English language arts. The issue is further exacerbated for children in 7th through 11th grade. Though the cohorts of children are not statistically consistent, a slight drop in English language scores are noted for the group (44% are proficient), whereas a significant drop in Math scores is evident. Up to 55% of children testing in 2nd through 6th grade are proficient in Math, whereas scores drop to 33% proficiency in the Algebra 1 for 7th through 11th grade students. Language skills may be affecting math proficiency as basic mathematical concepts begin to incorporate more and more language. Strategies for reaching many Imperial County families, research suggests, should be consistent with the cultural and linguistic needs of the child and family. As many as 35.9% of all children in the K-12 school system in Imperial County are identified as being English language learners, compared to 17.0% of children throughout the State. Studies indicate that providing children with opportunities in their native language highly supports achievement outcomes.

Family literacy programs at an early age can work to develop language and interest in reading, as well as increased cognitive skills and performance for children that may be at risk of not being ready to enter the school system. Theresa Hawley, Ph.D., in *Starting Smart,* implies that early experiences highly influence how proficient a child becomes in their language. For example, researchers have noted that when mothers frequently read to their infants, these children learned an average of 300 more words by age 2 than did children whose mothers rarely spoke to them. Furthermore research cited in *Starting Smart* claims that children from poorly educated families or children from low socio-economic backgrounds are less likely to perform at the intellectual levels of more privileged children due to availability of basic resources, lack of information, and the time needed to provide stimulating experiences. The National Center for Family Literacy's data center indicates that parental literacy is one of the single most important indicators of a child's success. For example the *National Assessment of Education Progress Report* draws the conclusion that young children whose parents are functionally literate are twice as likely to succeed, and if interventions are not prioritized with respect to child and family literacy, young children from lower socio-economic homes will have heard up to 32 million fewer words than children from more affluent families.

Family literacy models should focus on literacy and language development, in addition to early learning experiences that positively affect brain development. These methods should incorporate measures to track short-term gains in literacy or preliteracy skill development, such as pre and post surveys or assessments designed to measure gains. A significant investment in family literacy strategies could not come at a better moment. The publication, *Read or Not To Read*, released in 2007 by the National Endowment for the Arts, gathers some of the most reliable and comprehensive information on literacy and reading habits of Americans, where the primary conclusion drawn is based on the significant decrease in reading in general over the past 20 years, where declines are highest among youth.

Parent Education:

One factor significantly determining the school readiness of the young child, and which is often overlooked, is the preparedness of the parent. Parents are exposed to a number of challenges related to the rearing of a young child, and the dynamics of this condition are contingent to the journey from birth to school entry. Without education, special parenting classes and/or other intensive intervention services many parents will lack the basic support requisite to understanding issues that may be affecting the development and school readiness of the child. The results of parent education services are repeatedly over-looked. Therefore, investments in parent education should support evidence based strategies for educating parents, and the community at-large in some cases, that clearly identify instruments or other measures for determining results.

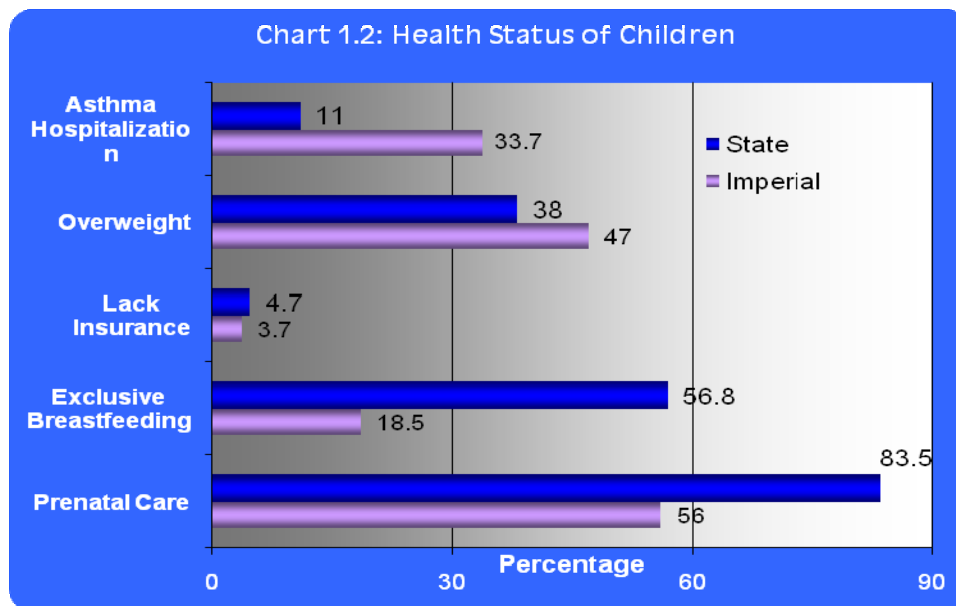
Evidence based parent education activities focusing on children 0-5 years of age should target the following service gap areas: child health, school readiness and general parenting. These are areas where parent education services may demonstrate positive impacts on children 0-5 years of age, and their families, namely service gap areas that have been identified under the *Child Health* and *Early Care and Education* sections of the Strategic Plan. In addition, parent education activities that target 'vulnerable' populations would most positively impact Imperial County families with young children and the community. Vulnerable populations would include families that: have a child with a special need or disability; are from farmworker backgrounds; are deemed as being English language learners; that are living in poverty or low socio-economic status; that are single parent households or reconstituted families; have a child with specific health conditions, such as asthma, diabetes, autism, etc.

Many children with special needs are not identified until they enter the K-12 school system. Parent education could help offset delays in identification of children with special needs. Targeted education services that stress the importance of early developmental screening would support this outcome. For example, according to a study by the U.S. Center for Disease Control, the average rate of children in the country diagnosed as being autistic has grown from 1 out of every 2,000 children in the past 50 years to 1 in 88 children or 11.4 per 1,000 children, though

many are not diagnosed until after they are beyond 6 years of age. Thus an increase in the number of children receiving early developmental screenings may work to support early intervention and other issues, like autism, or developmental delays at an earlier age and help to improve intervention services to address the status of the child.

According to U.S. Census data a significant number of families in the county speak a language other than English at home (73.8%), and as many as 35.9% of children in the K-12 education system are categorized as being English language learners. Parent education should address the linguistic needs of the target audience, such as techniques that influence language acquisition, experience in early literacy and child literacy. This may include specific services targeting farmworker families and/or low-skilled individuals that work in the service industry generally earning minimum wage and often working more than one job. These strategies should address the current support services and systems that offer resources designed to assist family well-being, such as basic needs, housing, and childcare.

The health status of many Imperial County children is of critical concern. As shown on chart 1.2, asthma hospitalization rates are staggering, the number of children that are overweight is not acceptable, the number of families that have children that are breastfed is low, prenatal to adequate prenatal care continues to be a concern, access to healthcare and insurance are an obstacle for some families, among other health issues. These issues are affecting young children and their families. Therefore parent education services that help to promote well-being and child health would significantly benefit Imperial County families, especially those families that live under conditions that would serve to anticipate or impact future health and school readiness outcomes. The impact of this type of parent education should be measurable, and ultimately work to influence identified child outcomes. Furthermore, the families that would benefit the most from parent education and other intervention services are families that may be defined as being "at-risk." Therefore parent education efforts could help parents become aware of and benefit from available support systems.

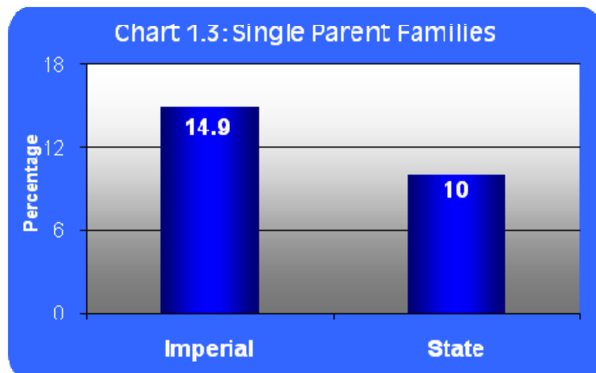


Parenting Classes:

Parent education is an important component to the development of the child. Intensive parent education or parenting classes that provide comprehensive support for understanding factors that impact the well-being and general development of the child are important for all families with young children, and may especially impact families identified as being at risk of falling into the cycle of child neglect or abuse, such as single parent families, teen parents, families that may be court ordered to participate in parenting classes, and other families that may be isolated from resources or generally marginalized due to socio-economic conditions.

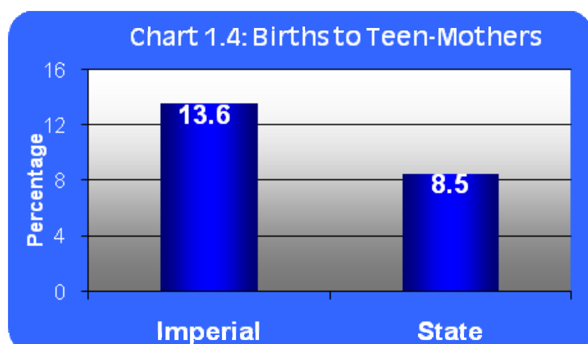
A number of children are at risk of neglect and/or abuse throughout the country, as denoted by UNICEF in its *Report Card 7* report, stating that child well-being in the United States ranks lowest among rich countries, and findings from this study further suggest that child neglect and child abuse are high and more common in single-parent family homes than families where both parents are

present. This condition may be particularly true for children



and families in Imperial County. The number of single parent families in Imperial County continues to grow, which represents an estimated 14.9% of all households compared to the state average of 10% for 2011 (Chart 1.3). Families identified as living in poverty have a significantly higher number of single parent households, up to 43% for all parents and 54.4% for parents with children 0-5 years of age. Furthermore, the underlying cultural factors may exacerbate the issue at a local level. Cultural values and practices significantly influence the methods used to identify or interpret child neglect or abuse. The most current population estimates for children 0-5 years of age that are Hispanic is 89%, and as many as 32.4% of these families are linguistically isolated. Approaches to working with these families can incorporate best practice models that are culturally appropriate and competent in order to reduce ambiguity in intervention models. In addition to this condition, a number of *risk factors* may contribute to the status of the relationship between well-being and abuse or neglect.

Teen mothers represent an important group that could significantly benefit from parenting services. The number of live births to teen mothers in 2010 was 417 which represented 13.6% of all live births – only 6 other counties out of 58 had higher teen birth rates. The percent of live births to teen mothers for California represented 8.5% of all births during this period (Chart 1.4). Migrant Head Start estimates that 1,640 children 0-5 years of age are from migrant farmworker backgrounds, which represents 10% of the total child 0-5 population. Families with children that



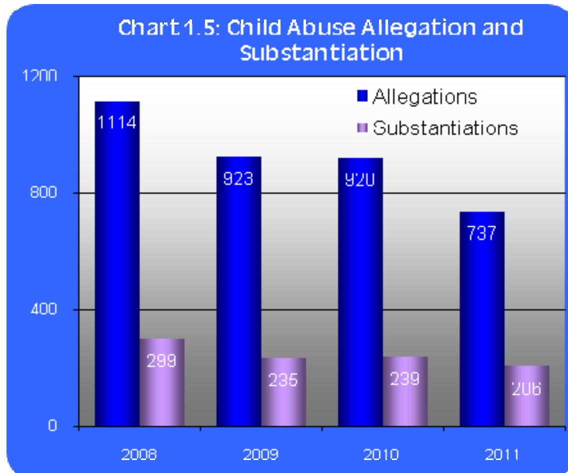
have special needs may also need special parenting programs. As many as 405 children 0-5 years of age were enrolled in special education programs for December 2011, this does not include children that have not been diagnosed and/or screened but have declined additional follow-up or assessment services. Enhancements to parenting classes could further target foster or adoptive parents. Thus Parenting classes targeting special populations or that are enhanced with relevant topics would be meaningful.

The Child Abuse Prevention (CAP) Council is currently the primary source in Imperial County for parenting services for both court mandated parents and parents that are self-referred for services. During fiscal year 2010-2011 the CAP Council provided STEP parenting classes to total of 237 parents (with children 0-18 years of age) in the county, where male participation reflected 24.5% of the total, 42.1% were court ordered, and as many as 47.4% of children served through these sessions were children 0-5 years of age.

Child and Family Services:

A number of children in the county are severely affected by the family's inability to function well. Such children are often removed from their homes for both their safety and general well-being. In all cases meriting the separation of the child from the family (children in out of home care), it is critical to provide support and sound intervention services for the child, parents and affected family members. Child Welfare Services for the State of California estimates that as many as 244 children under 19 years of age were in some type of out-of-home care in Imperial County from October 1, 2011 to September 30, 3012. The total number of children 0-5 years of age was 116 (29 one year old or less). This accounts for 47.5% of all cases in the Child Welfare Services case management system. Chart 1.5 illustrates a breakdown of the counts of children with one or more referrals to Child Welfare Services in Imperial County from calendar years (January 1 to December 31) for the 4-year period between the years 2008 to 2011. The average number of allegations of abuse per year for children 0-5 years of age for the 4-year period is 923 children, with a gradual decrease in referrals each year for all ages. Children 0-5 years of age accounted for 37.1% to 38.4% of all allegations, and represented 49.6% of all substantiated referrals during this period. In addition the average number of cases involving children 0-5 years of age substantiated for the 4-year period was 245 cases per year, and the ratio of substantiated cases between children 0-5 and children 0-17 is 1 to 2. Though as a percentage child referrals overall are lower for children 0-5 years of age, it is the case that substantiated cases for the age group are higher.

The support for children in out-of-home care, or children identified as being at risk of being separated from their parents could benefit from intensive intervention services, such as child advocacy, school readiness support, in addition to other child well-being indicators that are based on practices that benefit children subsisting under the aforementioned conditions. These support services could include intensive parenting for families, comprehensive home visitation programs, or direct advocacy for the child. The Child Welfare Service's *Outcome and Accountability County Data Report* for Imperial County in January1, 2011 to December 31, 2011 suggests that as many as 85.3% of children are reunified with their family that are from supervised foster care within 12 months of placement. Regardless of the intervention strategy or purpose of support, data clearly suggests that children living in out-of-home care without strong family reunification plans or long-term adoption placements are deemed as being the most at-risk of not obtaining positive well-being outcomes. *Safety and Stability for Foster Children*, published through the Future of Children, argues that children in foster care are biologically subject to poor developmental outcomes, such as prenatal substance exposure and malnutrition and other physical health issues. Therefore these children, without adequate support within the systems that treat them, are more compromised with respect to developmental outcomes. This is especially true of children 0-5 years of age that are living a critical and profound period in their overall development.



Result Area Priorities:

Increase the number of parents involved in family literacy activities for families that have children 0-5 years of age.

a) Increase the number of family literacy programs implementing four components of integrated family literacy models, and/or other research based family literacy practices.
b) Increase the number of parents with children 0-5 years of age enrolled in adult literacy programs and ESL coursework.
c) Increase preliteracy and literacy skills for preschool age children and children transitioning into kindergarten.
d) Increase the number of stay-at-home parents with children 0-5 years of age, especially those living in underserved areas, involved in family literacy programs.
e) Develop data collection practices that focus on collecting information on family literacy programs, literacy rates, and achievement benchmarks to support local outcomes for family literacy programs. (Systems Change Effort)

Provide comprehensive, culturally appropriate parent education activities for families with children, 0 through 5.

a) The percentage increase in the number of individuals with children 0-5 that are participating in parenting programs being provided.
b) The increase in language appropriate workshops/educational materials available to Imperial County parents.
c) The increase in utilization of parent educational programs through Family Resource Centers and linkages to other community resources.
d) The increased participation of parents through the utilization of home parenting and Family Resource Centers for parent educational purposes.
e) Results from the development of a system for assessing the overall impact of parenting classes and parent education activities that reflect methods for reporting changes in behavior, knowledge gains, and includes other methods for tracking results (e.g., CPS referrals, court mandated reports, self-referred parents). (*Systems Change Effort)*

Provide support services for children 0-5 years of age and their families that have been identified as being "at risk" through criteria that is age appropriate and culturally relevant.

a) Increase the number of families with children 0-5 years of age receiving services for basic needs.

b) Increase the support and advocacy for children housed in shelters and/or that are identified as being wards of the court system.
c) Increase the number of programs that assist families in need of behavioral health services.
d) Increase the number of families identified as needing counseling services that participate in family therapy programs.

Childcare and Early Education

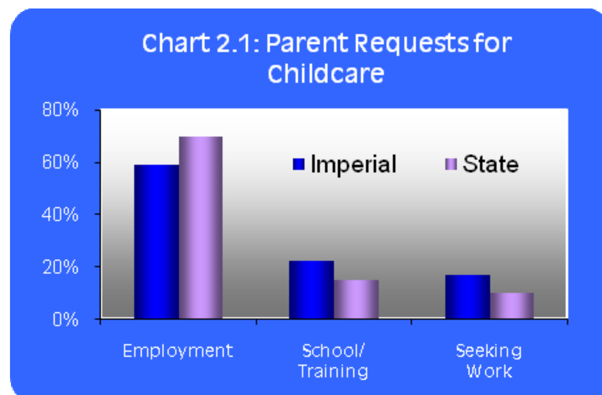
The childcare and the early education of a young child serve as the foundation for the academic success of the child entering and progressing through the K-12 education system and beyond. Research continues to support this statement, and contributes to the development of arguments that entail reinforcing investments in quality education and expansion of childcare and early education services targeting children 0-5 years of age. For example, a child that receives a number of quality childcare and early education opportunities is much likelier to succeed later on in life; have access to better education, achieve higher academically, and increase her/his earning potential and overall quality of life. Research continues to demonstrate that investments in the early care and instruction of children have lasting impacts, and findings through this research are becoming more prominent and are continually being applied to the field. Imperial County children could specifically benefit from strategies that support and/or enhance childcare and early education, what can be referred to as the school readiness of children. An assessment that would provide the rationale for this support includes: the early care and education needs of families; support for childcare and teachers; an examination of issues related to quality care; the health and safety of children; and an analysis of infrastructure available for care.

Families and Childcare and Early Education:

Imperial County families have a number of unique needs as identified under the *Introduction* of the Strategic Plan. Socio-economic, demographic, and geographic conditions certainly influence childcare and early education for children 0 through 5 years of age residing in the County, in addition to the conditions that are specific to families that have children in childcare and early education environments or that have children in need of care. Census reports suggest that the estimated number of children 0-5 years of age residing in the county in 2011 were at 17,015. As many as 26.8% of residents in the area live below the poverty threshold, which affect a minimum of 23% of families, and an estimated 26% of these families have children 0-5 years of age. The Imperial County Office of Education's Child Development Services reported that 5,349 children 0-13 received subsidies through the Alternative Payment Program, of which 3,083 or 58% were children 0-5 years of age. Approximately half of all families residing in the county make less than $33,576.00 per year, where the average family size is more than 3.6 persons; parents with young children are likelier to have more than one child in their household. As many as 60% of all families in Imperial County are identified as economically subsisting below accepted low-income levels; the county ranks 53 out of 58 counties with respect to families living below accepted low-income levels, and the state average is 43%.

Furthermore up to 50% of families that have children 0-5 years of age had all parents in the labor force during the 2010 calendar year. The ethnic breakdown for children 0-5 demonstrates that 95.9% of this population is comprised of two ethnic groups; Hispanic children account for 87% of the total population for children 0-5 and White children represent 8.9% of this number. In addition, Imperial County, being a major source of agricultural production for the State, is the primary residence for a large number of farmworker families, both migrant farmworker and seasonal farmworker families. The Migrant Head Start *Community Assessment* states that there are 3,500 migrant farmworker families in Imperial County, that 9,999 migrant children were identified by Migrant Education and 16.3% of migrant children are 0-5 years of age.

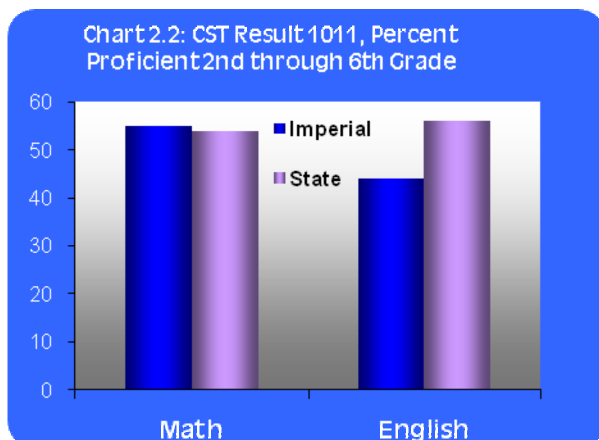
A number of families may qualify for subsidized care in the county, though support for families may be limited to availability, barriers in access to transportation, costs of care, in addition to the fact that many families that may receive subsidies for child care (such as Cal-WORKS subsidies) may prefer to leave their child under the care of a family, friend or neighbor exempt care provider (FFN). Of



all children 0-5 that received subsidized care through Alternative Payment Programs or Cal-WORKs Stages 1-3 in 2006, 47.5% were placed in the care of a FFN, roughly equal to that for children 0-13 years of age (47.4%). As illustrated in Chart 2.1, in 2011 Imperial County's Resource and Referral Program indicates that 79% of requests for childcare are for infant/toddler and preschool care, and the majority of care for children 0-5 years of age is for full-time care (66%). Reasons for needing care include the following: employment (59%), school/training (22%) and enrichment and/or development (17%). These reasons are fairly consistent with State Resource and Referral reports, and suggest that the greatest difference is related to families with young children that need childcare due to educational and/or professional development obligations. Furthermore, many parents on waiting lists for childcare, or that do not meet personal or household income cut-off levels for subsidized care may experience difficulties paying for childcare. A minimum wage earner may expense up to 43% of their gross income on care, a family earning $42,216 may expense up to 30% of their gross income for childcare, and a family earning the state's median income can expect to expense up to 32% of their gross income on child care; costs for care of an infant in the county can be as much as 36% higher.

Education Levels:

Opportunities identified through early learning are causally linked to the overall success of the child upon school entry and on through adulthood. Of especially great importance is identifying factors that may support and/or hinder the early childhood education of young children. Children in Imperial County are clearly in need of interventions, additional resources and investments that will enhance early learning and work toward narrowing the achievement gap. Data relative to educational attainment and achievement clearly support this. Imperial County ranks highest in the number of English Language Learners (ELL) per capita; 42.5% of students in the K-12th grade public school system are identified as being ELL students, where the State average is 24.7%. Scores and ranking on the K-12th grade standardized testing reveals another issue. As

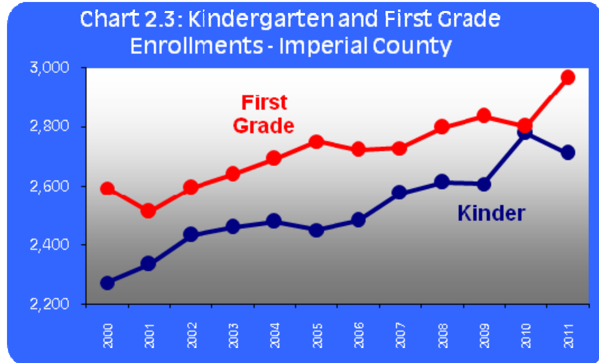


noted on Chart 2.2, students test scores demonstrate a significantly low level of proficiency on CST English Language Arts and CST Math; only 2 in 5 students in grades 2 – 6 met proficiency standards in English Language Arts (39%) and 49% were proficient in Math. Collective scores suggest that Imperial County ranks 54 out of 58 counties in English Language Arts and 45th in Math; and students are up to 8 percentage points below the State Average in English Language Arts, and 76percentage points in Math.

The effects of low achievement after the school entry of young children are evident in the lack of positive change in standardized test scores in junior high school, the low number of students meeting basic CSU/UC college eligibility criteria, the number of dropouts and perhaps even juvenile crime rates. Students in Imperial County experience a drop in the percent of children proficient in English Language Arts (38%) and Math (24%). This is a phenomenon that is consistent throughout the State, and therefore highly suggests that children collectively may reach their highest education levels in an age appropriate context upon entry into Kindergarten or 1st grade; evidenced by a gradual downward slope in overall learning throughout the academic tenure of the child. Furthermore, proficiency in Math, according to research conducted by Dr. Blas Guerrero from the University of California, Office of the President, becomes the "gate keeper" for college eligibility for Imperial County students. This is consistent with the percent of students meeting proficiency in CST Math, and the percent of students that meet 2010-2011 UC/CSU college eligibility criteria (A-G requirements); 24.2% for Imperial County Students. Furthermore, 1 in 10 individuals from the county 25 years or older obtain a bachelor's degree or higher from an accredited institution of higher education. Therefore, a significant number of children live in families that have not attained education levels beyond high school; without support, research suggests that many of these children, like their parents, will not reach their full academic potential. Social pressures that are influenced by levels of education include drop-out/high school attrition rates and juvenile crime rates. For example, the high school attrition rate for freshmen entering high school in 2008-2009 and graduating during the 2011-2012 school year was 21.3%; 696 students enrolled in 2008-2009 were not enrolled in 2011-2012. Also, in 2009 juvenile misdemeanor or felony arrests for County juveniles ages 10 – 17 totaled 1029, which was approximately 3.9% of the total juvenile population.

Adequacy and Efficiency of Preschool Education in California, a study conducted by the Rand Corporation, suggests that one potential area where investments would positively impact outcomes in the State's K-12 education system is expansion of high-quality preschool education so that children are ready to enter Kindergarten prepared to learn and maximize their overall capability to succeed. The

number of children enrolled in kindergarten in Imperial County schools (Chart 2.3) is significantly higher than the number of children enrolled in preschool programs; furthermore, data suggests that many children do not attend kindergarten, which is evident in the number of children enrolled in first grade.



The data further suggests that the preschool to kindergarten ratio is clearly not an underlying factor in the achievement rate for Imperial County children, because if it were the case then it would follow that Imperial County children entering into the K-12 system would achieve higher academically. For instance, the preschool enrollment rate for the county ranked 20th out of 58 counties, though CST scores were significantly lower, where Imperial County ranked 54th. All factors that would contribute to achievement are dynamic and part of a system of which there is not one evident causal factor. Though preschool serves as a springboard for children into the K-12 school system, and studies show that quality preschool programs can significantly impact learning throughout a student's K-12 tenure; research in child development contributes to this statement, as revealed in studies like the *High/Scope Perry Preschool Project*. Since a significant number of children in the county are enrolled in preschool programs, it certainly follows that children could achieve higher with investments that focus on increasing the quality of preschool programs, as evidenced above, in CST proficiency levels. Data on preschool to kindergarten transition is not complete, and/or assessments for children entering kindergarten that would identify achievement gaps relevant to previous learning opportunities other than primary language may be effective. Perhaps one important study is the ICCFFC's School Readiness Program and First 5 California's *Kindergarten Entry Profile* Report. This study involved 133 elementary schools and included Meadows Elementary School. Results from the study suggest that of 55 children entering the school's Kindergarten Program, 0 of 55 (0%) had fully or almost mastered "cognition and general knowledge" in the *Modified Desired Results Developmental Profile (MDRDP)*; 16% fully or almost mastered "communicative skills"; 24% fully or almost mastered "emotional well-being and social competence"; and 25% fully or almost mastered "approaches to learning." This information suggests that most children entering kindergarten programs are not "school ready" in addition to the fact that many of these children are ELL children; 80% of the children in the study were identified as having Spanish as their primary language. Furthermore, 10-year enrollment patterns for kindergarten and 1st Grade cohorts in Imperial County from 1997 to 2006 reveal that the ethnic breakdown for children enrolled in these programs were consistently as follows: 1.6% Native American; 1.0% Asian; 0.1% Pacific Islander; .25% Filipino; 84.5% Latino; 1.8% African American; 10.1% White; and .65% Multiple. In addition to the high percent of ELL students, this further supports the need to focus on language development and acquisition. A valid assessment based on language is sound when conditions include support for language acquisition that is meaningful, culturally relevant and includes parents or family members in the process. Research included in the *National Taskforce on Early Education for Hispanic Children* supports this claim, stating that the primary reasons affecting school readiness levels and school achievement for Hispanic children is supported by the fact that Hispanic youngsters are from families that generally come from lower socio-economic backgrounds and have limited formal education, which are complicated by the fact that many of these children upon kindergarten entry comprehend little to no English. The recommendation from the study to address this challenge focuses on developing excellent preschools and elementary schools, in addition to teachers that can work effectively to build on the primary language of the child.

Children in Need of Care:

A significant number of families identified in Imperial County are classified as being in need of childcare and early education services for their children. Primarily, the number of families with one single parent or both parents that have at least one child 0-5 years of age represents 52% of all working families. In addition data indicates that as many as 54.5% of all families with children 0-5 years of age subsist with incomes below 75% of the state median income, and Children Now estimates that at least 60% of all families with children 0-17 live within 200% of the official poverty threshold adjusted for family size. According to economic conditions for families with young children, it is estimated that up to 7,824 children 0-5 are currently eligible for subsidized childcare, and 6,543 children 0-5 are not eligible for subsidized care. Furthermore, working families in need of care account for 52% of all families with children 0-5 years of age. This suggests the possibility that an additional 3,402 children in working families are in need of care.

Information obtained from the Centralized Eligibility List database for Imperial County reveals that up to 1,303 children were identified as being on waiting lists for full-day

childcare and state preschool programs. This represents 17% of all children identified as needing care and eligible for state or federal childcare programs that are subsidized for families meeting income criteria.

Access to Care (Supply versus Demand):

Availability of care is vital to support families with young children. Access to care, the total number of childcare slots, and the ability to maximize the potential of the total number of slots contributes to the well-being, overall development, and school readiness of children, in addition to offering support for working families, expectant teens, and families in need of subsidized care. The ability to provide childcare is limited by the current licensed capacity for childcare centers and family childcare homes. The total licensed capacity for the county is 6,615 slots, where 48% are center-based and 52% of slots are in family childcare homes.

Center-based programs include: full-day general child care and development programs that are state and federally funded and that may provide childcare and development services to children from birth to 13 years of age that are identified as being low-income or having exceptional needs; and part-day State preschool programs for children 3 to 5 years of age. There are 70 childcare centers operating in Imperial County and offering up to 86 programs; 33 center-based programs funded by the California Department of Education, 17 U.S. Department of Health and Human Services programs (federally funded, such as Head Start); 20 privately owned or faith-base programs; and 2 programs funded through the U.S. Department of Defense. The aggregate number of slots offered by these programs account for slightly less than half (48%) of all childcare slots in the county; a total of 3,165 childcare slots, where on the average childcare centers can serve up to 45 children. The structure of care by age-group consists of the following: 6% designated as infant/toddler slots; 90% are preschool slots; and 4% are school-age childcare slots (children 6 and up). The breakdown of age-available slots is consistent with child-age data reported by teachers in the *Early Care and Education Workforce Study*. Data from this study further suggests that the operating capacity of all centers is estimated at 88.4% throughout the county; therefore it is estimated that center-based programs may have the capacity to serve an additional 350 to 380 children.

There are up to 350 family childcare homes operating in Imperial County. Childcare and early education in these types of settings consist in childcare services licensed to operate out of a family owned residence. Licensing permits family childcare homes to offer care to 6 to 14 children at a time, of which the total number of children depend on the size of the home and is limited to the ages of the children. Family childcare homes, like centers can serve children 0-13 years of age.

Table 2.1: Comparison of Childcare Capacity/Child Population/Kinder Enrollments (2006-2007 Data)

City	Center-Based Capacity		Family Childcare Capacity		Total Capacity		Number of Children 0-5		API 1-3 Schools		Kinder Enrollment	
	#	%	#	%	#	%	#	%	#	% of Dist.	#	%
Brawley	606	18.3%	498	15.8%	1,104	17.1%	2,869	20.0%	1	17%	400	15.1%
Calexico	658	19.9%	758	24.0%	1,416	21.9%	2,648	18.4%	6	67%	694	26.2%
Calipatria	48	1.4%	41	1.3%	89	1.4%	534	3.7%	0	0%	71	2.7%
El Centro	1,280	38.6%	1,307	41.7%	2,587	40.0%	4,784	33.3%	3	25%	791	29.9%
Heber	67	2.0%	82	2.6%	149	2.3%	344	2.4%	1	100%	79	3.0%
Holtville	186	5.6%	123	3.9%	309	4.8%	872	6.1%	0	0%	118	4.5%
Imperial	238	7.2%	303	9.6%	541	8.4%	1,331	9.3%	0	0%	245	9.3%
Niland	29	0.9%	6	0.2%	35	0.5%	170	1.2%	1	100%	22	0.8%
Ocotillo	0	0.0%	0	0.00%	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A
Salton Sea	28	0.8%	0	0.00%	28	0.4%	N/A	N/A	1	100%	56	2.1%
Seeley	27	0.8%	25	0.8%	52	0.8%	201	1.4%	0	0%	58	2.2%
Westmorland	114	3.4%	8	0.2%	122	1.9%	262	1.8%	1	100%	48	1.8%
Winterhaven	32	1.0%	9	0.3%	41	0.6%	353	2.5%	1	0%	66	2.5%
Total	**3313**	**100%**	**3160**	**100%**	**6473**	**100%**	**14368**	**100%**	**N/A**	**N/A**	**2648**	**100%**

The current capacity for licensed family childcare homes is 3,450 slots, accounting for 52.8% of all childcare capacity in the county. The breakdown of age available slots indicates that a greater number of family childcare homes serve children that are below 3 years of age, and consequently have a higher number of children below three years of age: 19% of children served were identified as being in infant/toddler slots; 19% were children 2 to 3 years

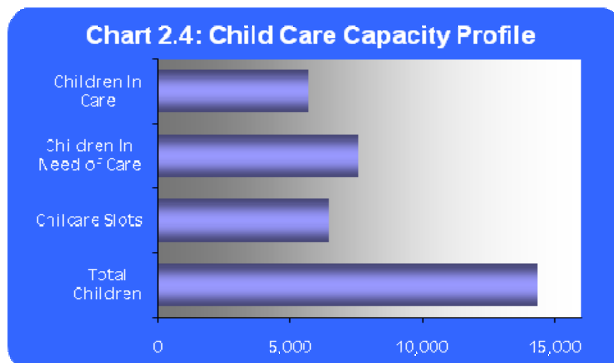
old; 28% were children identified as being preschool-age; and up to 34% of the slots were for school-age children. Table 2.1 provides information relevant to childcare capacity, number of children, number of underperforming Academic Performance Index (API 1-3) schools, and kindergarten enrollment by city and unincorporated areas. The *Early Care and Education Workforce Study* also estimates that the aggregate operating capacity for family childcare homes is 64%; suggesting that the number of children served during the period was no more than 2,208 for all homes, with the capacity to increase the number of children receiving care by 1,242. The comparison of the overall capacity of childcare, which includes both center-based care and family childcare providers, compared to the percent of 0-5 year-old population is balanced throughout the county, revealing a fluctuation rate of up to 2.8%, with the exception of the childcare capacity to child comparison for the City of El Centro, revealing a difference of 7.2% capacity over the percent corresponding to the population. This balance is further represented between the overall childcare capacity and kindergarten enrollments throughout the county, revealing a fluctuation rate of up to 2.1%, with the exception of the Cities of El Centro (10.6%) and Calexico (6.0%). Table 2.2 represents the comparison between childcare capacity, total number of children, and children identified as needing care for Imperial County cities and unincorporated areas for school year 2007-2008.

Table 2.2 : Total Capacity/Children 0-5 Needing Care/ Child Poverty Rates

City	Total Capacity		Number of Children 0-5		Children 0-5 Needing Care		Children 0-5 below poverty	
	#	%	#	%	#	%	#	%
Brawley	1,104	17.1%	2,869	20.0%	1,320	46.0%	402	14.0%
Calexico	1,416	21.9%	2,648	18.4%	1,218	53.0%	291	11.0%
Calipatria	89	1.4%	534	3.7%	246	39.2%	80	15.0%
El Centro	2,587	40.0%	4,784	33.3%	2,201	44.0%	718	15.0%
Heber	149	2.3%	344	2.4%	158	44.0%	45	13.0%
Holtville	309	4.8%	872	6.1%	401	51.6%	105	12.0%
Imperial	541	8.4%	1,331	9.3%	612	55.0%	173	13.0%
Niland	35	0.5%	170	1.2%	78	36.0%	109	64.0%
Ocotillo	0	0.0%	N/A	N/A	N/A	0.0%	N/A	4.0%
Salton Sea	28	0.4%	N/A	N/A	N/A	0.0%	N/A	0.0%
Seeley	52	0.8%	201	1.4%	92	46.0%	34	17.0%
Westmorland	122	1.9%	262	1.8%	121	40.0%	37	14.0%
Winterhaven	41	0.6%	353	2.5%	162	57.0%	201	57.0%
Total	**6,473**	**100%**	**14,368**	**100.0%**	**6,609**	**46.0%**	**2,194**	**15.3%**

Note: Percent of Children 4-5 attending preschool: 48%

Resource and Referral data indicates that total number of slots available as of September 2011 can meet up to 85%



of the capacity for children in need of care, whereas, the number of children that are enrolled for childcare services reflect may reflect less than 75% of children needing care; there is a significant gap in availability of care and children that do receive these services. Chart 2.4 illustrates the comparison between childcare capacity (supply) and children in need of care (demand). Furthermore the 0-5 population is expected to grow significantly in the next 5 to 10 years. The population of 0-5 age children is projected to grow up to 18,600 or 9.3% by 2017. If the overall capacity is to change at this pace, childcare professionals will at least need to plan for growth in childcare slots in the next five years to ten years. This reflects adding a minimum of 1,062 slots within the next five years, and 1,903 slots within the next 10 years. Though growth targets by childcare professionals should additionally include the number of children identified as being in need of care for this growth period, as well as work toward developing a comprehensive plan to include more children in slots available for childcare through out the years.

Children with Special Needs:

Specific interventions and investments that target children with special needs in Imperial County are critical. The average number of children with special needs has been consistently below the State average over a ten-year time span, from December 2002 through 2011. During this period the total number of children enrolled in Special Education programs in Imperial County averaged out to 8.6% of all children enrolled in the K-12 public school system; the State average was 10.9%. The number of children identified with special needs has proportionally increased since 2002, and currently up to 3,292 children are enrolled in these programs, of which 405 are children 0-5 years of age. A significant number of children 0-5 enrolled in special education have been diagnosed with a Speech or Language Impairment, as much as 48.6% of children enrolled in these programs. Also the number of children that enroll in special education programs profoundly increases as children enter the K-12 public school system. Table 2.3 illustrates Special Education Program enrollments for children born in 2005. The increase for children in Imperial County that were enrolled in these programs can readily be identified through the progression of the child's age, where there is perhaps the most significant jump when the children in this cohort between 4 to 6 years of age.

Table 2.3: Enrollment in Special Education for Children Born in 2005

	2005		2006		2007		2008		2009		2010		2011	
	0	%	1	%	2	%	3	%	4	%	5	%	6	%
Total	17	100	14	100	23	100	54	100	82	100	133	100	163	100
Latino/Hisp	14	82.4	9	64.3	17	73.9	44	81.5	62	75.6	104	78.2	139	85.3
White	3	17.6	5	35.7	5	21.7	9	16.7	12	14.6	14	10.5	13	8.0
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pacific Is.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
African Am.	0	0.0	0	0.0	1	4.3	1	3.4	0	0.0	2	1.5	1	0.6
Native Am.	0	0.0	0	0.0	0	0.0	0	0.0	7	8.5	10	7.5	7	4.3
Multi	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2	3	2.3	3	1.8

For example the number of 4 year olds enrolled in Special Education Programs was 82, whereas by the age of 6 the number increased to 163; a 99% increase from 2009 to 2011. In addition the information for the same age-group of children reveals that only 54 children were enrolled in 2008, the year these children would be 3 years of age. Therefore as children mature and enter the school system more and more are diagnosed as having special needs and enrolled in special education programs, making the case for increasing the number of developmental surveillance assessments used for children 0-5 years of age in order to enhance their overall school readiness.

It is estimated that only 2% of all facilities offering childcare and early education in Imperial County offer services for children with severe disabilities, whereas 17 Head Start/Migrant Head Start Programs will reserve a minimum of 10% of their slots for children identified as having special needs. In addition, as many as 37% of early care and education teachers working in center-based programs have been involved in some type of training that addresses children with special needs, and that only 9% of all family childcare homes may be equipped to serve children with special needs.

Early Care and Education Profession:

In addition to developing strategies contingent to access to childcare and early education, a comprehensive effort to educate and train professionals in these settings is necessary. An early care and education (ECE) workforce that is well educated and that is continually supported to pursue professional development opportunities is critical to the development of the child. ECE professionals are comprised of teachers from childcare centers and family childcare homes, though the education and preparation of family-friends-and-neighbors (FFN) providers should further be taken into consideration. There are 70 childcare centers and 350 family childcare homes offering childcare and preschool services with a capacity to include up to 6,615 children 0-13 years of age, where an estimated 86% of slots are reserved for children 0-5 in both family childcare and center based programs, and where up to 48% of prekindergarten-age children enroll in one of these programs. Because there is much more information available on early learning and the overall development of the child, and this information has shifted toward an emphasis on higher-quality childcare and prekindergarten programs, it follows that the availability of opportunities for higher education and capacity building for the early care and education workforce are needed. Estimates suggest that there are over 800 early care and education

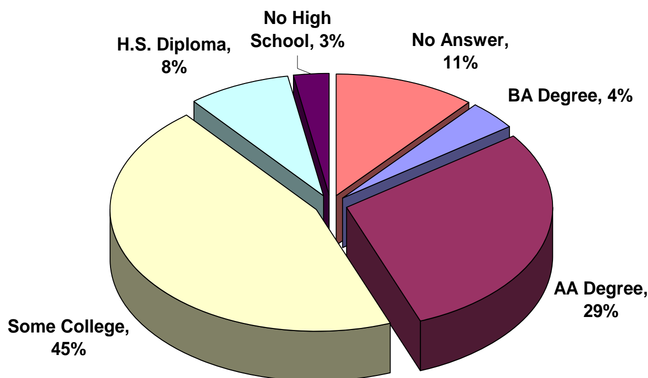
professionals working in either a center-based childcare program or family childcare home; 53% of the childcare workforce is center-based and 47% reflects the segment that works in family childcare homes.

Characteristics of this workforce are important for identifying strategies that focus on enhancing capacity and increasing the quality or preparedness of these individuals for success over time. These characteristics include formal education levels, other opportunities for professional development, capacity for working with children that have special needs, ethnicity, language and the age of the workforce, in addition to identifying challenges associated with these characteristics.

Chart 2.5 illustrates educational attainment by percentage through five levels of education for center-based staff and family childcare homes. Educational attainment level information is provided for both groups, and the aggregate level of data is as follows: 4% indicated that they have Bachelor's Degrees; 29% have Associate's Degrees; 45% have obtained some college level coursework; where as 8% have high school diplomas; 3% did not complete high school; and 11% chose not to answer. The total number of early care and education providers combined show that up to 33% have at least an AA Degree or higher.

Center-based staff generally comprises the majority of

Chart 2.5: Childcare Provider Educational Attainment



early care and education professionals that have attained at least an Associates Degree; up to 46% of center-based staff has an Associates Degree or Bachelors degree, where only 8.1% of family childcare providers have achieved the same levels of education. Furthermore the potential to improve this condition is evident, and clearly follows from the fact that another 49% of center-based staff has completed college units, and 22% have completed 24 or more units in early care and education or child development. Also up to 53% of family childcare providers surveyed have indicated that they have completed units through an accredited institution. When examining this data it is important to include an assumption on the dissimilarity in educational attainment between center-based staff and family childcare homes; this condition is clearly related to the fact that requirements for operating each type of childcare facility are not the same; a license to operate a childcare center may require at least an Associates Degree and/or additional professional development, whereas requirements to operate family childcare homes may simply entail health and safety trainings. The educational requirements for these two groups significantly varies, therefore what the data suggests is that there is a strong disposition to meet the minimum requirements, with less than 10% of the combined (both center-based staff and family childcare homes) workforce completing educational objectives beyond those requirements.

A number of individuals in the early care and education workforce participate continually in other (primarily non-credit) professional development opportunities. For example, from July 2005 to June 2006 an estimated 60% of the workforce participated in at least one professional development event, such as a workshop, conference or specialized training. As many as 37% of center-based providers received training to work with children that have special needs, when only 9% of family childcare providers participated in the same type of training.

Quality Early Care and Education:

A number of factors are fundamental to the provision of quality childcare and early education for young children. These may include staff training, staff qualifications, health and safety, curriculum implementation, parent communication/involvement, the use of quality assessments (ECERs), Accreditation, childcare provider compensation, and planned activities.

Accreditation is a well accepted standard for improving the quality of childcare and early education. The National Association for the Education of Young Children (NAEYC) has worked to elevate the quality of childcare programs throughout the country for 80 years, and accreditation through this organization is considered the 'gold standard' in quality childcare for both center-based programs and family childcare homes. In 2012 only one center-based program and no family childcare homes are accredited according to the NAEYC's Program Accreditation database. This equates to 1% of all centers and 0% of all family childcare homes. Therefore it is exceptionally difficult to find such care for children in Imperial County.

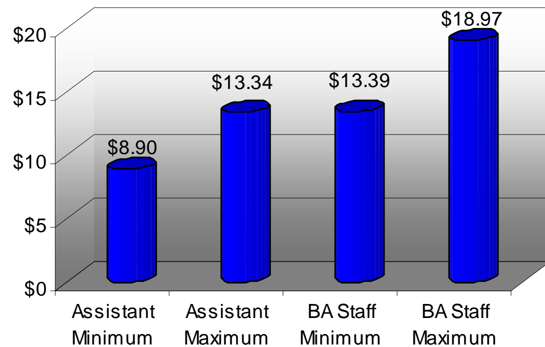
Furthermore, quality assessments designed to enable center-based staff and family childcare providers to create developmentally appropriate learning environments for children 0-5 years of age are another factor that will meaningfully contribute to an increase in quality early care and education; quality assessments such as infant/toddler, early childhood and family childcare environmental rating

scales. In 2009 there were no center-based programs fully implementing these types of quality assessments, though Title V programs are required to begin this process. Furthermore, it is not clear if any family childcare homes are using these assessment tools to rate the quality of care environment.

Parent participation and involvement in the childcare and early education experience are another important measure of quality care. The *Study of Early Child Care and Youth Development* by the National Institute of Child Health and Human Development found that the quality of parental attitudes, involvement and home environment were factors that contributed significantly to the child's overall development; these characteristics, the study concludes, predicted the cognitive/language and social development for children. The National Association of Child Care Resource and Referral Agencies identified specific measures that may be used to involve parents in the childcare and early education setting, which include: soliciting feedback for program improvements; the ease of access or openness that programs incorporate to welcome parent visitation or participation; the use of parent/teacher conferences to communicate about the child. In addition, home visitation programs are also important for quality care programs.

Childcare compensation is another important factor to consider in the development of quality care measures for childcare and early education. As with the link between higher education, the compensation of the teacher is also relevant to quality of care, and it further affects continuity of care and staff turnover. Childcare center staff turnover can be high, ranging from 25 to 50% a year according to the National Center for Early Development and Learning. This certainly implies that children in these settings are constantly adapting to new caregivers. Also administrators spend more and more time orienting and training staff. The compensation of early care and education professionals is exceptionally low, including wages and benefits, for the Imperial County childcare workforce.

Chart 2.6: Chlidcare Center Staff Wages



The *Early Care and Education Workforce Study* found that the average hourly range of pay for staff working at a childcare center with a Bachelor's Degree or higher was between $13.39 to $18.97; also the minimum compensation for assistants was $8.90. These figures do not include benefits or other incentives/compensation. Chart 2.6 shows the average rates earned by center-based staff between the period covering July 2005 through June 2006.

Finally, there are other factors that influence the quality of care, and there is no data readily available for the assessment of these factors, which include: development of emergency plans; standards for indoor/outdoor activities; health and safety policies and procedures; and use and articulation of special curriculums. Thus the development and standardization for assessment of these factors can be identified and included in efforts to change childcare and early education environments for analysis and further enhancement.

Result Area Priorities

Increase the proportion of children who are cared for in a culturally appropriate, safe, healthy and nurturing environment.

a) The increased number of teachers that are up-to-date on meeting needs of children with special needs.
b) Increase in the number of safety plans adopted and incorporated for childcare centers and family childcare homes.
c) A decrease in the number of health and safety incidences reported at childcare centers and family childcare homes.
d) An increase in the participation of childcare teachers in specialized trainings that focus on health and safety.
e) Increase the number of family, friends and neighbor exempt care providers participating in CPR/Safety/health trainings offered in cultural and linguistically appropriate contexts.
f) The increased percentage of child care teachers who have up-to-date CPR certifications.
g) The proportional increase in safety measures/equipment being utilized in indoor and outdoor facilities for compliance to safety issues.
h) The increased number of children enrolled in facilities that have adapted indoor and outdoor facilities to meet safety standard compliances.
i) Increase in percentage of children attending childcare centers that are identified as being at a healthy weight, physically fit, and consume nutritious foods.

Increase the school readiness of children.

a) Increase percentage of children enrolled in preschool and kindergarten programs, including recognized home instruction programs.
b) Increase the proportion of the childcare slot utilization rate for childcare centers and family childcare homes.
c) Increase the percentage of County children that are school ready upon kindergarten entry.
d) The increased number of language appropriate, preschool/kindergarten educational materials available.
e) Increase the number of organizations participating in the preschool/ kindergarten materials distribution network (*Systems Change Effort*).
f) Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten staff (*Systems Change Effort).*

Increase the amount of high quality early care and education programs being provided.

a) Percentage increase in the numbers of stipends and scholarships available and being utilized.
b) Increase the number of early care and education teachers obtaining units/credits from an institution of higher education.
c) Increase the number of early care and education teachers achieving objectives related to higher education (e.g. AA degrees, BA Degrees, MA Degrees).
d) Increase the number of center-based and family childcare programs that are accredited.
e) Increase the number of early care and education teachers implementing research based environmental rating scales.
f) Increase the number of early care and education teachers implementing self-assessment tools for quality improvement.
g) Increase the number of early care and education teachers that are introduced to beginning implementation of the environmental rating scales.
h) The proportional increase of early care and education care teachers entering the profession.
i) Increase the number of early childhood surveillance screenings for children 0-5 years of age.
j) Increase in the number of parent involvement programs offered through early care and education settings.
k) Increase the number of home visitations completed by early care and education teachers for families that have children 0-5 years of age enrolled in preschool programs.
l) The percentage increase in the number of at-risk and special needs children enrolled with an early care and education teacher.
m) The percentage decrease in the amount of at-risk and special needs children on waiting lists for an early care and education program.
n) The number of new innovative child care systems initiated to meet the demands of at-risk and special needs children. (*Systems Change Effort).*

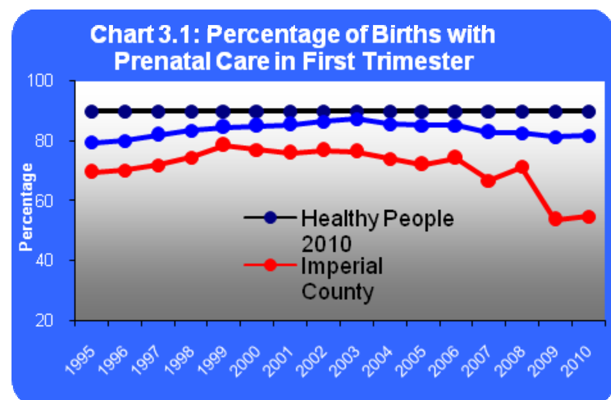
Child Health

The well-being of all members of a community, especially children is greatly influenced by general health conditions, and the opportunities to improve these conditions. Many children in Imperial County, namely children 0-5 years of age, could benefit from programs, interventions and other outreach strategies designed to address or enhance conditions related to the health and well-being of children. These responses can focus on improving key measures that are accepted and can be tracked over time, such as adequacy of prenatal care; breastfeeding assistance; childhood obesity, fitness and nutrition; child asthma; access to health; immunizations; well-child check-ups; developmental screening and specialty medical services; as well as tobacco education/cessation and other health services. By looking at a general picture of the health status of the community, specific areas can be addressed, and the tracking of the information contained in this picture can be more relevant, even though a single or multi-pronged approach to answering all of the health needs of children would not necessarily be conclusive, because health depends on many factors. Therefore health care professionals and other individuals interested in improvements related to the general health and well-being of the community can draw on sufficient conditions to develop plans or strategies designed to help children and their families.

A snapshot of the health status of children 0-5 years of age is developed under this section. Because the conditions for health are complex, and may include individual behavior and desires, as well as genetic factors, socio-economic conditions, and exposure to unidentified health hazards, it will be important to place an emphasis on these conditions separately, though without losing sight of the influence many of these factors have on child health as it is a system that uniquely defines communities in Imperial County.

Prenatal Care:

The development of the child begins prior to childbirth. Access to prenatal care and the adequacy of that care are two factors that can significantly influence the birth and development of the child, in addition to supporting maternal health through and beyond pregnancy and childbirth. Healthy People 2020, a national health intervention and prevention initiative has identified specific benchmarks that track the health of all Americans. This initiative pinpoints several indicators related to maternal and child health. Healthy People 20120 recommends increasing the proportion of all expectant women that receive prenatal care in the first trimester of pregnancy to 77.9%. CA Department of Health Services records for 2010 indicate that in Imperial County 56% of mothers received prenatal care during the first trimester of pregnancy, compared to 83.5% for the State average. The percentage has significantly increased over a 15-year period, though information available reveals a decline in recent years. Therefore Imperial County rates of early prenatal care are 27 points below State averages, and 22 points below the Healthy People 2020 objective. The County currently ranks 57th of 57 counties providing data in this area.



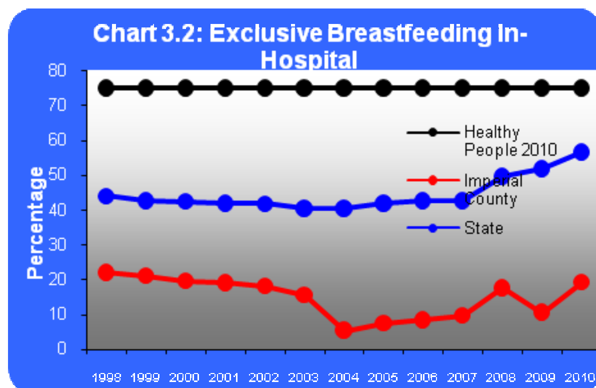
As stated above, the adequacy of prenatal care is another important factor related to the quality of life and delivering a healthy birth. Adequacy of prenatal care includes mothers that initiate care by the first trimester of pregnancy and that also attend at least 80% of the number of prenatal care appointments recommended by the American College of Obstetricians and Gynecologists; a full-term pregnancy with no complications would include visits every 4 weeks for the first 28 weeks, every 2-3 weeks until 36 weeks and weekly thereafter; thus up to 14 prenatal care visits. The Healthy People 2020 objective for adequate prenatal care is 77.6% for all women. Imperial County mothers delivering in Imperial County that received "adequate" to "adequate plus" prenatal care averaged 54% in 2009; the State of California average during the same period was 83%.

The aim for increasing prenatal care is to assist in detecting any potential problems early on (such as gestational diabetes), and prevent other problems that could arise through education and intervention, which may include recommendations on nutrition, prescribing vitamins, and exercise plans as noted by the Center for Disease Control. Availability of adequate prenatal care is causally related to reducing maternal death rates and miscarriages,

in addition to birth defects, low birth weight and other preventable health problems.

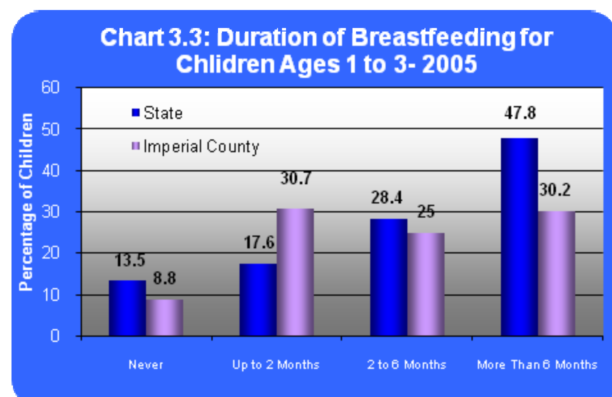
Lactation and Breastfeeding Assistance:

The primary function, and perhaps the greatest benefit, of lactation is to provide adequate nutrition to the child immediately after birth and through the duration the mother chooses to breastfeed the child. Thus two critical factors related to the lactation process are initiation and duration rates. Breastfeeding initiation includes infants that are either exclusively breastfed or those whose nutritional intake consists of a combination of formula intake and breastfeeding at the time of discharge from the hospital. The Healthy People 2012 objective for breastfeeding initiation rates is 81.9% for all mothers giving birth. The three year average for breastfeeding initiation for Imperial County mothers that gave birth between 2008 and 2010 is 89.3%; significantly above the Healthy People 2010 objective and 0.4 points above the State average. Exclusive breastfeeding during these initiation rates for Imperial County children is 18.5% of all births, significantly below the overall initiation rate. Chart 3.2 includes information on exclusive breastfeeding initiation comparison rates for Imperial County and California over time as reported by the California Department of Health Services. Research by Dr. Caroline Chantry from the University of California Davis Medical Center, suggests that exclusive breastfeeding for the recommended duration increases health outcomes for children.



Therefore, the second factor is based on the period of time, the duration rate, that the parent breastfeeds the child. The American Academy of Pediatrics and La Leche League highly recommends that mothers breastfeed their infants up to 6 months and preferably for 1 year. The Healthy People 2020 benchmark for women breastfeeding at 6 months is 60.6% of all women that give birth during that year. Data for mothers interviewed that have children up to three years of age in 2005 indicates that 30.2% have stated that they breastfed their child for at least 6 months. Research clearly supports the benefits of breastfeeding and the extent of the duration period. Research from the University of California Davis reveals that a documented decrease in the risk for respiratory tract infections was prevalent for children breastfed for 6 months versus 4 months. Findings suggest that there is growing evidence that the benefits from breastfeeding are responsive to both dose and duration, with the recommendation that infants receive only breast milk during the first 6 months of life.

Chart 3.3 represents self-reported information on breastfeeding duration for Imperial County mothers surveyed in 2005 for children ages 1 to 3 through the California Health Interview Survey. Data collected here suggests that Imperial County mothers that indicated that they "never" breastfed their infant was 35% lower than the state average (which is still high) and significantly lower with respect to those mothers that breastfed for the recommended duration of 6 months (37% lower).

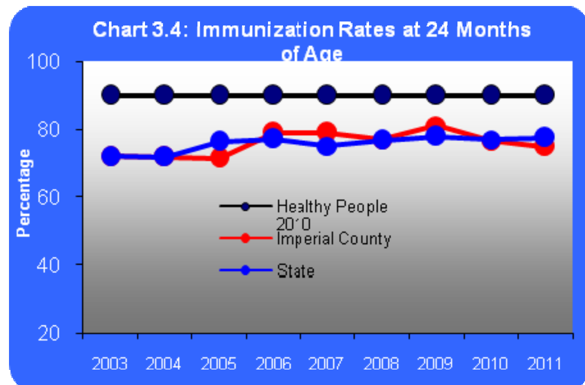


Therefore data clearly reveals that an emphasis should be placed on increasing the proportion of mothers initiating breastfeeding that are exclusively breastfeeding; increasing the number of mothers that are breastfeeding their infants up to 6 months; and work on an effective method for collection of Countywide data that would establish meaningful breastfeeding rates.

Immunization Rates:

The Center for Disease Control and Prevention (CDCP) reports that vaccine-preventable disease levels are at or near record lows throughout the Country, and that a significant number of infants 0-2 years of age receive all of their recommended vaccines by age 2. Data from the California Department of Health Services supports this claim. Between 2002-2007 a total of 15 cases of Acute Hepatitis B were reported for the county, no confirmed Measles cases were reported, no confirmed Rubella cases, and a total of 16 confirmed or probable Pertussis cases were reported for this 4-year period. This result is partly attributed to the proportion of children that are immunized

in the county. The CDCP cautions that there continues to be a meaningful number of under-immunized children and therefore leaving the potential for outbreaks of disease. The Healthy People 2020 benchmark for children 0-2 years of age that complete their basic immunization series is 90% of all children. The CA Department of Health Services confirms that 2011 Retrospective Immunization Rates for 24 month olds (two year olds) in Imperial County are assessed at 74.8%; this result is included as part of the Southern Region which comprises Imperial, Orange, Riverside and San Diego Counties, and is slightly lower than the State average (77.4%). These rates over a period

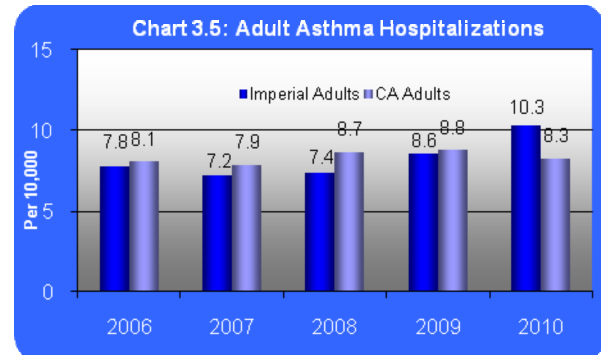


time are represented in Chart 3.4. Additionally, Kindergarten Assessment Results for the same year indicate that as many as 93.7% of children entering kindergarten were up to date on their required immunizations, which reveals that a significant number of children are receiving their immunizations between 2 and 5 years of age.

Asthma:

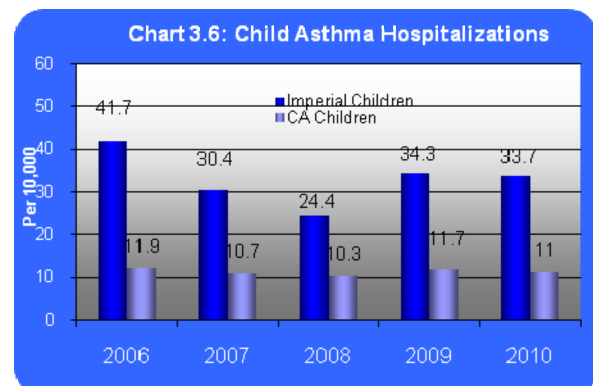
Rates of asthma prevalence for both adults and young children in Imperial County are amongst the highest in California, and asthma is one of the most common chronic illnesses in the country, which has a significantly more profound affect on children from low-income and ethnic backgrounds. Factors that lead to asthma are generally unknown, though specific environmental, physical and psychological factors can trigger an asthma attack or asthma related symptoms. Self-reported information collected through the 2009 California Health Interview Survey indicates that 17.8% of children in Imperial County are diagnosed with asthma; with slight variations for previous years: 2005 (19.5%) and 2007 (12.7%). The Statewide average for children diagnosed with asthma was 14.2% for 2009.

Perhaps the greatest concern is the rate of asthma hospitalizations in Imperial County, of which the county has been known for reporting high incidences of asthma hospitalizations compared to other counties in the State. The California Breathing Program and Office of Statewide Planning and Development repots adult hospitalization data for the county indicate that in 2010 a rate of 10.3 asthma related hospitalizations were noted for every 10,000 adults, and averaged 8.3 hospitalizations for every 10,000 adults over a 5-year period (2006-2010). The State average during the same 5-year period was 8.4 hospitalizations for every 10,000 adults (Chart 3.5). This indicates that adult hospitalizations are similar for Imperial County and California asthma patients for the 5-year period. In general, children 0-17 years of age are much likelier to be hospitalized for asthma than adults. In 2010 for every 8.3 adults hospitalized for asthma throughout the



State 11.0 children 0-17 years of age were hospitalized; statewide children were 32% likelier to be hospitalized than adults for asthma treatment. As illustrated on Chart 3.6, rates of childhood asthma hospitalizations are decreasing. In Imperial County the number of children hospitalized for asthma in 2010 was 33.7 for every 10,000 children, which is 227% higher than that for adults and children are 3 times likelier to be hospitalized for asthma in Imperial County than other children in the state.

Sound practices in asthma management and outreach targeting children 0-5 years of age that focus on asthma management can have a positive impact on emergency room visits and hospitalization rates. For example positive impacts are noted in the decrease in the number of children 0-17 years of age that were hospitalized when compared to the slight increase for adults over the 6-year period noted on Chart 3.6; a 19% decrease from the 2002 high of 41.7 for every 10,000 children.



Fitness and Nutrition:

Two factors that are important and often not directly connected to the success and school readiness of the young child are nutrition and physical fitness. For instance, research suggests that the school readiness of a child may be directly affected by breakfast consumption. The American Dietetic Association, in *Breakfast Habits, Nutritional Status, Body Weight, and Academic Performance in Children and Adolescents*, reveals that scientific evidence "suggests that breakfast consumption may improve cognitive function related to memory, test grades and school attendance." Furthermore, studies do affirm a positive relationship between physical fitness and the school readiness of children. *Physical Fitness and Academic Achievement*, a study in the relationship between standardized testing and physical fitness testing with students in 5th, 7th and 9th grades in selected California public schools in 2002, shows that when physical fitness test scores are compared to standards testing in reading and math there is a "consistent positive relationship." Adequate nutrition and exercise are critical for the well-being, growth and physical development of children. In addition, factors related to quality of nutritional intake significantly influence the individual's capacity to deal with illness and premature death. Guidelines for sustaining 'good' overall health recommend the following: a variety of foods and well balanced diet that includes a high proportion of fruits and vegetables; an increase in physical activity along with food intake that will contribute to health and overall weight; avoidance of processed foods and 'junk' funds; in addition to measured intake of sodium, sugars and fats (particularly saturated and trans fats). The U.S. Department of Health and Human Services and the U.S. Department of Agriculture have published *Dietary Guidelines for Americans 2010*, which provides information and advice that is based on some of the most current scientific studies that focus on maintaining a healthy diet and weight, choosing exercise that is adequate and complete, in addition to food safety for target populations from 2 years of age and older. This document provides a number of recommendations in general and focuses on special populations, of which many apply to children 2-5 years of age and expectant mothers, such as: a) nutrients within calorie needs; b) weight management; c) physical activity; d) food groups to encourage; e) fats; f) carbohydrates; g) sodium and potassium; h) alcoholic beverages; and i) food safety. Adequate nutrition is an especially important consideration for parents and caregivers of infants and toddlers; this may range from initiating breastfeeding for newborns to adopting accepted dietary guidelines for infants and toddlers. Excesses in dietary consumption and the pre-valence of processed foods that lack nutritional content have led to an increase in conditions associated with poor health. Identifying gaps in nutrition are important and highly connected to the development of the child and can have lasting effects through life; effects on child health may include the health status of the child and family, prevalence of obesity, incidences of Type 2 diabetes, heart disease, increased risk of other illnesses such as cancer and hypertension.

Results from a lack of adequate physical activity and a well balanced diet have led to an alarming increase in the prevalence of obesity over a healthy weight for Imperial County residents. The impact on public health and other resources is substantial as a result of this increase in individuals that are overweight and obese. UCLA Center for Health Policy Research reports that as many as 47 of 100 children in Imperial County are obese or overweight; the county ranks 57th out of 58 counties in prevalence of obesity. The state average is 38 out of 100 children, and the Healthy People 2020 objective is 14.5 out of 100 children 2 to 19 years of age. The California Department of Health Care Services, through its Pediatric Nutrition Surveillance System, indicates that in 2006 34% of children 2-5 years of age had a Body Mass Index for age at or above 85% on the Center for Disease Control's Body Mass Index for age Chart, thus classifying them as overweight or obese. The National Institute of Health indicates that overweight and obesity can increase the risk of illness and death from many chronic diseases, including Type 2 diabetes, coronary heart disease, stroke, hypertension, osteoarthritis and cancers of the breast, prostate and colon. California's Obesity Prevention Plan states that poor nutrition and physical inactivity are causing serious health problems, that choices that lead to poor nutrition and inactivity are often more available, affordable and convenient than healthy options, and that many actions to answer this issue are being undertaken but without concordance.

The California Supplemental Nutrition Program for Women, Infants and Children (WIC) estimates that 69% of the population that is eligible for WIC services was enrolled for nutrition and health education services, compared to 82% for the State. Families eligible for WIC services would be those that are within 185% of the established Federal Poverty Level – the cut-off for a family of 4 is $38,203.00. This suggests that over 50% of children 0-5 years of age residing in Imperial County are eligible for services, though an estimated 34.5% are actually benefiting from WIC services. The Imperial County Public Health Department suggests that the Food Stamp Program constitutes the largest and most comprehensive part of the hunger-prevention safety net for California's poor children, families, and individuals. Low income families face hunger, food insecurity, obesity and other health outcomes that signal that they lack access to enough healthy food. According to the California Food Policy Advocates' *Imperial County Nutrition Profile*, in 2008 approximately 42% of the population eligible to participate in the Food Stamp Program was not served resulting in a loss of Federal

dollars (estimated at $20,170,775) due to underutilization. The California Health Interview Survey assessed families on fitness and nutrition by age for Imperial County in 2009. Results indicate that only 31.3% of parents surveyed reported that their children had not eaten fast food within past week, this included 26.5% for parents with children 0-5 years of age.

Only 21.7% of Imperial County children in 5th, 7th and 9th grades met 6 of 6 statewide fitness standards in 2011, and therefore 78.9% were deemed as not 'physically fit,' and as many as 40% of all 5th, 7th and 9th grade students assessed were overweight. Furthermore, Children Now reports that an estimated 57% of children in Imperial County do not exercise. Though these factors affect individuals from all age, education, and ethnic backgrounds, rates are highest for Latino, African American, Native American and Pacific Islander families, in addition to families with lower incomes and that have disabilities. Research further supports the role of environmental factors on diet, physical activity and obesity. The Department of Nutrition, School of Public Health, from the University of North Carolina, in *Environmental influences on food choice, physical activity and energy balance*, affirms the idea that environmental factors contribute significantly in influencing physical activity and overweight. And this is supported by the Institute of Medicine, in *Preventing Childhood Obesity: Health in Balance*, which states that "although 'energy intake = energy expenditure' looks like a fairly basic equation, in reality it is extraordinarily complex when considering the multitude of genetic, biological, psychological, socio-cultural, and environmental factors that affect both sides of the equation and the interrelationships between these factors." Thus it reinforces the idea that a young child may be meaningfully shaped by the dietary and physical activities maintained and supported by their parents, families, caregivers, pre-schools, and communities.

Access to Health Insurance:

Families, especially those with young children, enrolled in some type of health insurance plan have a higher probability of receiving regular medical care, and therefore improving their overall health status. Health insurance coverage would include families enrolled in Medi-Cal and Healthy Families, in addition to private health insurance plans. Furthermore, the rate of health insurance coverage per capita positively affects the local economy. For example, individuals covered by some type of health insurance plan are likelier to make less emergency room visits, have a regular medical home, and better access to prescription medicine. Access to health care continues to be a challenge for many families in Imperial County, and has become a growing concern in California. The *California Report Card 2011-2012* by Children Now presents California with a 'B-' grade in the area.

The California Health Interview Survey reported that in 2009 as many as 4.9% of children 0-18 years of age in the State of California were uninsured, whereas the report further specified that as many as 3.7% of children in Imperial County lacked insurance coverage; the data for this year is not consistent with information for children enrolled in the ICCFFC's School Readiness Program that were identified as not having health insurance (13.1%). Therefore it follows that Imperial County children in 2009 were likelier to have health insurance coverage than children in other Counties, and currently ranks 15th out of 58 counties in the State for children enrolled in health insurance programs. The claim identified through these findings suggests that between 630 (3.7%) to 2,229 (13.1%) of all children 0-5 years of age do not have health insurance.

A total of 5,195 children were enrolled in Healthy Families as of August 2007, and another 1,800 subscribers disenrolled within the previous 12 months; it is estimated that 405 of these children were children 0-5 years of age. The State average for disenrollment is 24%, thus 10 points higher for Imperial County. Furthermore, the California Healthcare Foundation in the *Healthy Families Facts and Figures,* January 2006 report states that as many as 16% of disenrollment can be prevented with intervention. Healthy Families eligibility is based on family incomes 250% of the Federal Poverty Level – approximately $40,200 for a family of three, and children are first screened for Medi-Cal eligibility and enrolled in Medi-Cal if eligible. Medi-Cal beneficiary profiles by age for April 2007 indicate that 17.1% of the caseload was for children 0-5 years of age, this equates to 8,494 children. The total estimated children 0-5 years of age enrolled in State sponsored healthcare between April and August 2007 is 62%, and another 24% to 26% are enrolled through private health insurance programs. Strategies should work to identify children 0-5 years of age that are uninsured, and develop a method for categorizing the type of insurance each child qualifies for, in addition to implementing a plan for insuring these children.

Early Developmental Screening:

The healthy development of a child may not simply be related to the child's physical growth and the ability to prevent illness after birth. Children 0-5 years of age begin to grow, develop and learn at an accelerated rate inversely proportional to their age. Thus a child's development can be followed through empirical observations related to behavior, the development of cognitive abilities, how they speak and their development in a social context. This 'natural' development is a critical component of child health and well-being. For example taking a first step, waving or saying a first word are milestones in the development of the child. As children grow they progressively reach these

milestones, which serve as indicators that help to determine the status of development for a particular child. Developmental assessments or well-child check-ups can serve to identify issues related to this general development by identifying areas where a child may not be reaching specific milestones at the same time as other children of the same age. Early screening is an assessment procedure that is to the point and intended to identify a child that may require a more concentrated assessment or evaluation. This type of intervention can have a significant impact on the child, namely if a developmental delay is noted early in the child's development that may eventually lead to other developmental complications that are not readily identified in young children. The American Academy of Pediatrics in *Developing Surveillance and Screening of Infants and Young Children*, recommends that all infants and young children should be screened for developmental delays, and these procedures should be incorporated into the ongoing health care of the child as part of the provision of a regular medical home, as defined by the Academy.

The benefits from early developmental screening are meaningful; parents are assured of the progress the child is making; delays can be identified early when screening is completed properly; parents have a better understanding of the dynamics of child development; a new line of communication and assurance opens up between the primary care physician and family. Perhaps the greatest benefit is knowing that if there is a delay that has been identified, the family and primary care physician or other specialized service agency/individual can work to help the child reach his/her full potential before the child enters the K-12 school system.

It is estimated that up to 17 percent of children in the K-12 school system have been assessed with a developmental or behavioral disability, such as autism, Attention-Deficit/Hyperactivity Disorder (ADHD), or an intellectual disability, and speech/language delays. Less than 50% of these children are diagnosed before they enter the K-12 school system. In 2011 the California Department of Education reported that 3,292 individuals 0-22 years of age were enrolled in special education programs and had been diagnosed with a disability or learning delay. Of the 3,292 individuals, 405 or 12.3% were children 0-5 years of age, though the 0-5 age group of children represents 29.3% of the 2011 population of all individuals 0-22 years of age. In addition, the Center for Disease Control estimates that as many as 967 children 0-5 years of age in 2011 may be diagnosed with a disability or learning delay at some point.

A cohort of children enrolled in Special Education programs between 2005 and 2011 in Imperial County that were born in 2005 is illustrated below.

Table 3.1: Enrollment in Special Education for Children Born in 2005

	2005		2006		2007		2008		2009		2010		2011	
	0	%	1	%	2	%	3	%	4	%	5	%	6	%
Total	17	100	14	100	23	100	54	100	82	100	133	100	163	100
Latino/Hisp	14	82.4	9	64.3	17	73.9	44	81.5	62	75.6	104	78.2	139	85.3
White	3	17.6	5	35.7	5	21.7	9	16.7	12	14.6	14	10.5	13	8.0
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pacific Is.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
African Am.	0	0.0	0	0.0	1	4.3	1	3.4	0	0.0	2	1.5	1	0.6
Native Am.	0	0.0	0	0.0	0	0.0	0	0.0	7	8.5	10	7.5	7	4.3
Other	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2	3	2.3	3	1.8

Increase to at least 90% the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.

a) Increase the number of women enrolled in prenatal care classes in the first trimester of pregnancy.
b) Increase the number of women identified as being within populations that are marginalized or underserved that receive prenatal care in the first trimester of pregnancy.
c) Increase child birth outcomes for children.
d) Increase the number of women that receive adequate prenatal care.
e) Increase smoke cessation during pregnancy.
f) Decrease alcohol and other drug use during pregnancy.

Increase the proportion of mothers whom breastfeed their babies to at least 75% in the early postpartum period and to at least 50% until babies are 5-6 months old.

a) The number of family members enrolled in parenting classes.
b) Increase the number of healthcare professionals participating in lactation support services and trainings.
c) Increase the number of healthcare professionals obtaining education levels that specialize in lactation support (e.g. Lactation Educator, Lactation Specialist, and Lactation Consultant).
d) Increase the number of medical providers effectively promoting lactation for new mothers.
e) Increase in the availability of parenting materials in English/Spanish.
f) The increased number of mothers who breastfeed their babies and the amount of time they do so.
g) Implement a data collection system that will effectively capture local breastfeeding rates through specified postpartum time intervals. (*System Change Effort)*

Increase to 90% the proportion of children under age 2 who complete the basic immunization series.

a) The number of children being monitored through the age of two within a database immunization system.
b) The proportional increase of children under the age of two who have completed their immunization series.

Increase child asthma treatment and prevention services.

a) The number of children with asthma or asthma related symptoms being monitored through asthma management plans.
b) The decrease in proportion of children admitted for emergency care for treatment of asthma or asthma related symptoms.
c) An increase in the number of medical providers treating children with asthma or asthma related symptoms that adopt nationally accepted standards of care. (Systems Change Effort)

Reduce the proportion of children who are overweight.

a) Increase the proportion of children that engage in moderate physical activity, and exercise regularly.
b) Increase the proportion of children meeting statewide fitness standards.
c) Increase the number of children 2 to 5 years of age consuming at least the daily recommended quantity of fruits and vegetables.
d) Increase the proportion of families eligible for subsidized nutrition programs; e.g., Supplemental Nutrition Program for Women, Infants and Children, and Food Stamp Program.
e) Reduce the proportion of families reporting that their children had consumed fast food the prior day.
f) Provide parent and/or caregiver education using a well-designed curriculum that addresses basic nutrition/physical fitness education and that increases knowledge of effective nutritional development for young children.

Increase access to health insurance for families with children 0-5 years of age.

a) Increase the proportion of families with young children eligible for subsidized healthcare programs that enroll in these programs (i.e., Health Family, Medi-Cal).
b) Increase the proportion of families and children that are insured and remain insured.
c) Increase in the proportion of children with a regular medical home.
d) Increased utilization of sliding fee scales, payment programs, etc.
e) The number of referrals and provider's staff time dedicated to accessing and qualifying consumers to health insurance options.
f) The proportion increase in trainings and collaborative/memorandums of understanding in the provision of insurance networking services. (Systems Change Effort)
g) The increase in the number of primary and specialty health care providers that are providing health services within the proposed delivery system. (Systems Change Effort)

Increase the proportion of children 0-5 years of age identified with special needs.

a) Increase the number of children participating in developmental screening services.
b) Increase the number of children identified as having developmental delays before school entry.
c) The proportional increase in children receiving well-baby and well-child checkups.
d) The proportion of children identified as having developmental delays that are referred to a specialist or special program for comprehensive screening.
e) An increase in the number of providers offering families developmental surveillance screening services.
f) An increase in the number of children receiving early intervention services prior to kindergarten entry.

Principles on Equity

On February 6, 2003, the Commission adopted the Principles on Equity as developed by the State Commission's Advisory Committee on Diversity. The Commission will ensure in fulfilling its mission to adopt policies and practices that equitably provide Imperial County children (prenatal to 5) from diverse backgrounds and abilities with accessible, family-friendly, culturally competent, quality early childhood services and programs.

Diversity Definition (for First 5 Commission):
Children (prenatal to 5) regardless of immigration status, who:

- Are from different ethnic, linguistic, cultural, socio-economic, religious, geographical and/or other historically or currently under-served communities; or
- Have disabilities and other special needs.

The Principles on Equity developed by the State Commission will serve as a guide throughout the work of the local Commission. There are four major components to the principles: a) Inclusive Governance and Participation; b) Access to Services; c) Legislative and Regulatory Mandates; and, d) Results-based Accountability.

Inclusive Governance and Participation:

The Commission recognizes that children develop within the context of their families and communities. Therefore, the Commission will strive to obtain meaningful participation and input from the families and other caregivers of children from diverse populations throughout program development and implementation phases.

Access to Services:

As a critical means for achieving equity, children from diverse populations must have access to high quality and culturally competent early care and education/development opportunities.

Legislative and Regulatory Mandates:

The Commission will ensure that Proposition 10 funded programs will adhere to all legislative, regulatory and accreditation mandates pertinent to the provision of services to children from diverse backgrounds and with diverse abilities. That funded programs will offer services to all children and their families regardless of immigration status.

Results-Based Accountability:

To ensure that Proposition 10 funded programs will have meaningful outcomes that benefit children from diverse backgrounds and diverse abilities.

Outcomes-Based Accountability Framework

The previous section of the Strategic Plan Draft documented the proposed needs and structures to support children from birth through age five and their families. The following sections will describe specific programmatic strategies that decide on the course of action and allocation of resources for attainment purposes. This particular framework includes the following information:

- Specific program goals;
- Child and family objectives targeted for intervention and prevention as specified per each goal;
- Measurable child and family strategies;
- Short-term indicators proposed to achieve those outcomes;
- Outcome indicators pertaining to the quality of the strategy.

In the pursuit of family and children's service reform, the accountability framework provides three major disciplines. Firstly, it provides a condition of well-being for children and families through the development of programmatic goals and outcomes. Secondly, it offers a precise measure by which data is available to quantify the proposed achievement. Thirdly, it provides the measure of effectiveness or means for evaluating the program service delivery.

Outcomes-based accountability puts in place a system for continuous assessment, adjustment and evaluation. Effective indicators are strategic, measurable, culturally appropriate, reliable and timely. It is the local Commission's intent to provide successful outcomes-based planning to assist Imperial County in monitoring program development and system changes by stimulating interim planning adjustments.

The Strategic Plan, and the valuable information and suggestions collected from collaborative partners and input from the public serves as the up-to-date measure assessing necessary strategic changes upon which to implement services through this accountability framework, such as special initiatives or programs offered to the community by the Commission.

The collective outcomes summarized from the accountability framework strategies will work to ensure that Imperial County families will have access to family support, quality child care, parent education, a primary health care practitioner, home visits from multidisciplinary teams for health prevention and intervention purposes and the same opportunities to encourage healthy outcomes and school readiness for all children 0 through 5. These proposed strategies encompass traditionally underrepresented individuals or groups, including ethnic/cultural minorities, immigrants and limited English–speaking communities. This framework is illustrated under the pages below.

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
GOAL 1: Promote parenting and caregiver education services to enhance optimal child development and to encourage healthy, stable and economically independent families.	♦ Increase the number of parents involved in family literacy activities for families that have children 0-5 years of age.	1. Establish new family literacy programs that implement the four components of family literacy. Implement family literacy through the incorporation of literacy programs available though are not currently operating in the county, such as Reach Out and Read. Develop and launch a media campaign targeting families with young children that focuses on family literacy.	1. Number of new family literacy programs targeting parents with young children. Number of family literacy programs that offer materials and information that are culturally and linguistically appropriate. The number of parents with young children involved in family literacy programs that are linguistically and culturally appropriate and that provide a structure and content that is supported through research. Percent of children making significant gains in literacy. Percent of adults with young children making significant gains in literacy. Percent of parents with increased involvement in their childs literacy. Percent of parents with increased involvement in their children's education.	➢ The number of family literacy programs implementing four components of integrated family literacy models, and/or other research based family literacy practices. ➢ The number of parents with children 0-5 years of age enrolled in adult literacy programs and ESL coursework. ➢ An increase in preliteracy and literacy skills for preschool age children and children transitioning into kindergarten. ➢ The number of stay-at-home parents with children 0-5 years of age, especially those living in underserved areas, involved in family literacy programs. ➢ Development of data collection practices that focus on collecting information on family literacy programs, literacy rates, and achievement benchmarks to support local outcomes for family literacy programs.	♦ (None) Develop-mental measure ♦ 44% English Language Proficiency 10-11 CST Results 2nd – 6th Grade ♦ 35.9% of children in K-12 are English language learners ♦ 237parents involved in parenting classes for FY 10-11; 47.4% with children 0-5	2 new programs by 2010 44% English Language Proficiency
	♦ Provide comprehensive, culturally appropriate parent education activities for families with children, 0 through 5 years of age.	2. Provide parent education to families with young children to support the school readiness of the child. Implement new parenting classes offered to	2. The number of parent education programs currently in existence and assessments of educational efforts being provided. The number of educational/ language appropriate workshops educating parents on issues	➢ The percentage increase in the number of individuals with children 0-5 participating in parenting programs being provided. ➢ The increase in language appropriate workshops/		Increase of 150 children 0-5 years of age

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 1: Promote parenting and caregiver education services, prenatal and postnatal, to enhance optimal child development and to encourage healthy, stable and economically independent families.		families with young children that are culturally, linguistically and age appropriate, and that additionally focus on at-risk populations. Develop or support Family Resource Centers in neighborhoods indicative of high-risk families. Create and implement a system for assessing the overall impact of parenting classes and parent education activities that reflect methods for reporting changes in behavior, knowledge gains, and includes other methods for tracking results (e.g., CPS referrals, court mandated reports, self-referred parents).	identified in the Strategic Plan, such as: asthma, nutrition, health insurance, breastfeeding, prenatal care, literacy, and childcare. The number of parenting classes being offered to families with children 0-5. The number of language appropriate parent workshops/educational materials being offered. The amount of language appropriate home parenting programs offered as a viable education alternative. The number of parents receiving services through home instruction support and/or Family Resource Centers. Documented changes in behaviors as noted on comprehensive databases or data collection systems that work to assess, integrate and incorporate agencies and individuals offering parenting classes.	educational materials available to Imperial County parents. ➢ The increase in utilization of parent educational programs through Family Resource Centers and linkages to other community resources. ➢ The increased participation of parents through the utilization of home parenting and Family Resource Centers for parent educational purposes. ➢ Results from the development of a system for assessing the overall impact of parent classes and parent education activities that reflect methods for reporting changes in behavior, knowledge gains, and includes other methods for tracking results.	♦ 49.6% average for all CWS substantiated cases were children 0-5 ♦ 43% of families met basic levels of self-sufficiency in 2005	
	♦ Provide support services for children 0-5 years of age and their families that have been identified as being "at risk" through criteria that is age appropriate and culturally relevant.	3. Promote and enhance programs that provide basic services for families 0-5 years of age, such as, food, shelter, medical services, etc.	3. Number of families with young children receiving basic needs. Number of families with young children moving into self-sufficiency.	➢ The increase in the number of families with children 0-5 years of age receiving services for basic needs. ➢ The increase in support and advocacy for children housed in shelters and/or that are	♦ 116 Children 0-5 in out-of home care – 2012 (4 year	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
		Enhance programs that provide support and advocacy for children 0-5 that are identified as wards of the court or are in out-of-home care. Promote programs that offer behavioral health or therapeutic services to at-risk families, such as families at-risk of domestic violence, that have children that are wards of the court, or that care for foster children.	Number of children identified as being wards of the court that are involved in child advocacy service programs. The number of children identified as participating in behavioral health and/or therapeutic services.	identified as being wards of the court system. ➢ The increase in the number of programs that assist families in need of behavioral health services. ➢ The increase in the number of families identified as needing counseling services that participate in family therapy programs.	average 152) ♦ 109 children 0-5 in out-of-home care received advocacy services FY10-12 ♦ Develop-mental measure	95% of children 0-5 in out-of-home care receive advocacy services
GOAL 2: Improve the development and school readiness of young children from birth through age five.	♦ Increase the proportion of children who are cared for in a culturally appropriate, safe, healthy and nurturing environment.	1. Expand training and educational opportunities for all child care providers that focus on children with special needs. Encourage health and safety seminars for all child care providers. Support efforts to bring indoor and outdoor play equipment up to date for safety compliance purposes.	1. The amount of trainings provided to child care providers. The number of child care providers attending applicable trainings. The number and percent of child care providers meeting safety and quality standards as defined by the State. The amount of language appropriate CPR/safety/health classes being provided for child care providers. The number of child care providers and family, friends and neighbor providers that have a current CPR certificate.	➢ The increased number of teachers that are up to date on meeting needs of children with special needs. ➢ Increase in the number of safety plans adopted and incorporated for childcare centers and family childcare homes. ➢ A decrease in the number of health and safety incidences reported at childcare center and family childcare homes. ➢ An increase in the participation of childcare teachers in specialized trainings that focus on health and safety. ➢ Increase the number of family, friends and neighbor exempt		

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.			The current provision of safety measures/equipment provided for indoor and outdoor facilities for safety compliance purposes.	care providers participating in CPR/Safety/health trainings offered in cultural and linguistically appropriate contexts. ➢ The increased percentage of child care teachers who have up-to-date CPR certifications. ➢ The proportional increase in safety measures/equipment being utilized in indoor and outdoor facilities for compliance to safety issues. ➢ The increased number of children enrolled in facilities that have adapted indoor and outdoor facilities to meet safety standard compliances. ➢ Decrease in percentage of children attending childcare centers that are identified as being overweight.		
	♦ Increase the school readiness of children.	2. Promote programs that work to increase preschool and kindergarten enrollment.	2. Number of children attending preschool and kindergarten programs. Percent of slots utilized in state, federal and family childcare programs.	➢ Increase percentage of children enrolled in preschool and kindergarten programs, including recognized home instruction programs. ➢ Increase the proportion of the childcare slot utilization rate for childcare centers and family childcare homes.	♦ Enrolled in Kinder-garten: 08-09: 2,613 09-10: 2,609 10-11: 2,778 11-12: 2,711 ♦ Preschool enrollment: 48% ♦ Children in need of care Subsid.: 7,824 Work: 3,402	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.		Promote programs that focus on developing the school readiness of children, that are research based and that reflect the cultural and linguistic needs of children.	The number of children participating in preschool programs that have enhanced curriculums or activities that support school readiness. Number of programs benefiting from school readiness enhancements. Results from assessments for children in school readiness preschool programs. The number of materials offered to preschool and kindergarten programs that work to enhance school readiness.	➢ Increase the percentage of County children that are school ready upon kindergarten entry. ➢ The increased number of language appropriate, preschool/kindergarten educational materials available. ➢ Increase the number of organizations participating in the preschool/ kindergarten materials distribution network.	♦ Childcare slots: 6,615 ♦ Center utilization rate: 88.4% ♦ FCC utilization rate: 64% ♦ Develop-mental measure	Childcare slots: 5yr – 7,678 10yr – 8,519 90% utilization rate
		Develop programs that work to include preschool programs into local school settings.	The number of articulation meetings coordinated between preschools and elementary schools. The number of childcare providers and elementary school teachers/administrators involved in articulation meetings. The number of childcare providers reporting positive results from articulation meetings.	➢ Increase preschool/kindergarten articulation programs between administrators and preschool/kindergarten staff.	♦ Workforce Educational Attainment: 4% BA 29% AA 45% Some college	
	♦ Increase the amount of high quality child care programs being provided.	3. Promote professional development, higher education and other learning opportunities for center-based and family childcare providers.	3. The number of providers involved in programs that support higher education or professional development. The number of providers	➢ Percentage increase in the number of stipends and scholarships available and being utilized. ➢ The increase in the number of early care and education	♦ Accredited Programs: 1-Center No FCC ♦ Special Needs Training	35% ECE with AA Degrees 10% BA Degrees

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.			obtaining units or professional development credits through accredited institutions.	teachers obtaining units/credits from an institution of higher education.	37% Center staff 10% FCC	Accredited Programs: 5-Centers 20 FCC Special Need Training: 50% all ECE
			Number of providers participating in new professional development opportunities. The number of providers with degrees (AA, BA, MA) in early care and education or related field.	➢ The increase in the number of early care and education teachers achieving objectives related to higher education.		
		Enhance quality care through support for accreditation of early care and education programs for both center-based and family childcare programs.	Number of new accreditation programs supporting center-based and family childcare providers. Number of early care and education programs that are accredited.	➢ Increase the number of center-based and family childcare programs that are accredited.	♦ Develop-mental measure	
		Support quality early care and education through the implementation of quality measures, such as environmental rating scales and program assessments.	The number of early care and education teachers trained to use environmental rating scales. The number of early care and education programs implementing environmental rating scales. The number of early care and education programs using self-assessment tools for quality improvements. Documented results in the use of assessment for quality improvements.	➢ Increase the number of early care and education teachers implementing research based environmental rating scales. ➢ Increase the number of early care and education teachers implementing self-assessment tools for quality improvement. ➢ Increase the number of early care and education teachers that are introduced to beginning implementation of the environmental rating scales.	♦ ECE Workforce approx. 800	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.		Promote recruitment and retention programs for early care and education professionals.	The number of professionals in the early care and education workforce. The number of new professionals recruited into the early care and education workforce. The number of professionals leaving the early care and education workforce.	➢ The proportional increase of early care and education teachers entering the profession.	♦ Develop-mental measure	ECE Workforce Increase: 5yr – 933 10 yr – 1,040
		Develop programs that support home visitations and parent involvement that work to further child development and the school readiness of children.	The number of new parent involvement programs supported through early care and education settings. The number of parents involved in programs designed to increase the school readiness of the child. The number of new home visitation programs implemented through center-based or family childcare home settings. The number of home visitations completed during the year in relation to the number of parents served.	➢ Increase in the number of parent involvement programs offered through early care and education settings. ➢ Increase the number of home visitations completed by early care and education teachers for families that have children 0-5 years of age enrolled in preschool programs.	♦ Early Develop-mental screening – 23% children 0-5	
		Establish services that work to increase the number of children identified with developmental delays or special needs.	The number of children and families involved in early childhood screenings. The number of children identified with developmental delays.	➢ Increase the number of early childhood screenings for children 0-5 years of age. ➢ The percentage increase in the number of at-risk and special needs children enrolled with an early care and education teacher.	♦ Children Enrolled in Special Education Programs in 2011 – 3,292 405 were children 0-5; represents 2% of 0-5 age group	50% of children 0-5 before Kindergarten entry

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
			The number of children referred for further screenings. The number of children identified for services through special education programs. The number children enrolled in new systems implemented to serve children that have been identified as being at-risk and/or that are special needs.	➢ The percentage decrease in the amount of at-risk and special needs children on waiting lists for an early care and education program. ➢ The number of new innovative child care systems initiated to meet the demands of at-risk and special needs children.	♦ Percent of children enrolled in Special Education Programs (7-yr average) 8.6% (10.9% for Calif)	
GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.	♦ Increase to at least 90% the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.	1. Establish new programs that target women identified as being at-risk of not receiving prenatal care. Promote prenatal care programs that are culturally and linguistically relevant to women at-risk of not receiving early prenatal care. Promote programs that encourage validating or recognizing prenatal care services received outside of the area.	1. The number of women enrolling in new prenatal care programs during their first trimester of pregnancy. The number and increase in culturally diverse individuals included in multi-disciplinary teams serving pregnant women. The number of families that are at-risk of not receiving prenatal care services. The number of women that received some type of prenatal care outside of the area.	➢ Increase the number of women enrolled in prenatal care classes in the first trimester of pregnancy. ➢ Increase the number of women identified as being within populations that are marginalized or underserved that receive prenatal care in the first trimester of pregnancy.	♦ 56% prenatal care in 2010	Year 1 – 76% Year 2 – 78% Year 3 – 79%

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.		Support programs working to increase the adequacy of prenatal care services offered to pregnant women. Standardize prenatal screenings of all pregnant women.	The number of child births in the area that reflect positive birth outcomes. The number of women receiving adequate prenatal care services. The number of medical providers offering standardized prenatal care services.	➢ Increase child birth outcomes for children. ➢ Increase the number of women that receive adequate prenatal care. ➢ Increase smoke cessation during pregnancy. ➢ Decrease alcohol and other drug use during pregnancy.	♦ 62% adequate prenatal care between 2007-2010 ♦ 63.3% between 2005-2007	Year 1 - 68% Year 2 - 70% Year 3 - 71%
	♦ Increase the proportion of mothers whom breastfeed their babies to at least 75% in the early postpartum period and to at least 50% until babies are 5-6 months old.	2. Develop parent education programs that promote breastfeeding significantly prior to birth. Implement programs that encourage healthcare professionals to participate in lactation education support services. Develop uniform tracking measures to ensure monitoring continuity of care issues.	2. Number of parents involved in breastfeeding support programs. Number of women prepared to breastfeed prior to hospital entry. The number of healthcare professionals participating in lactation education professional development opportunities. The number of new lactation educators, specialists and certified consultants employed by medical providers working with expectant mothers. The number of medical providers adopting standards of care that support lactation education and encourage breastfeeding. The number of individual publications or materials available in English/Spanish.	➢ The number of family members enrolled in parenting classes. ➢ Increase the number of healthcare professionals participating in lactation support services and trainings. ➢ Increase the number of healthcare professionals obtaining education levels that specialize in lactation support. ➢ Increase the number of medical providers effectively promoting lactation for new mothers. ➢ Increase in the availability of parenting materials in English/Spanish. ➢ The increased number of	♦ Breastfeed-ing: 89.3% all mothers; Exclusive rate: 2009:–10.5% 2010- 19.2% ♦ 2003 Breast-feeding duration: 6 mon.– 32.7% 2005 – 30.2	Initiation Rate: 75% Past 6 month: 50%

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.			The number of mothers giving birth at local hospitals that are breastfeeding. The number of mothers that initiate breastfeeding. The number of mothers that breastfeed through specific intervals.	mothers who breastfeed their babies and the amount of time they do so. ➢ Implement a data collection system that will effectively capture local breastfeeding rates through specified postpartum time intervals.		
	♦ Increase to 90% the proportion of children under age 2 who complete the basic immunization series.	3. Provide outreach, education and support to health care providers regarding immunization standards. Develop monitoring systems to ensure that immunization records are accurate and accessible; i.e. immunization registry, immunization cards, etc. Coordinate with other medical providers and provide education to childcare professionals to ensure that children receive their immuni-zation series on time.	3. The number of healthcare agencies/professionals administering immunizations that are involved in outreach and education efforts. Number of healthcare professionals utilizing an immunization registry. Amount of current referrals being made by health, human service and childcare professionals for immunization services.	➢ The number of children being monitored through the age of two within a database immunization system. ➢ The proportional increase of children under the age of two who have completed their immunizations. ➢ Number of children affected by immunization preventable diseases.	♦ 74.8% Retrospective Immunization Rates for Two Year Olds for Southern CA as per the CA Kindergarten Retrospective Survey, 2011, CA Department of Health Services.	Year 1 - 81% Year 2 - 82% Year 3 - 83%
	♦ Increase child asthma treatment and	4. Support asthma education and	4. The number of families and children enrolled in education	➢ The number of children with asthma or asthma related	♦ Asthma rates children 0-17 in 2009:	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.	prevention services.	management services for families with young children in order to affect the rate and intensity of asthma attacks and/or asthma like symptoms, which include development of asthma management plans and conduct environmental screening for triggers. Develop programs that encourage the adoption of standards of care for children with asthma or asthma like symptoms.	support services. The number of families that feel confident in managing their child's asthma. The number of children admitted into local hospitals for asthma treatment. The number of providers adopting standards of care. The number of providers meeting objectives related to the use of standards of care for asthma patients.	symptoms being monitored through asthma management plans. ➢ The decrease in proportion of children admitted for emergency care for treatment of asthma or asthma related symptoms. ➢ An increase in the number of medical providers treating children with asthma or asthma related symptoms that adopt nationally accepted standards of care.	17.8% Hospitalization rates in 2010: Children 33.7 per 10,000 children Adults 10.3 per 10,000 ♦ Develop-mental measure	Hospitalization rate: 8 per 10,000
	♦ Reduce the proportion of children who are overweight.	5. Develop, support and or enhance programs that promote fitness and physical activity in an age appropriate and culturally sensitive manner at the family, preschool, family childcare, and community level. Develop, support and/or enhance programs that intend to promote the adoption of nutrition guidelines that are age appropriate, promote health and help reduce risk of chronic illness.	5. The number of children engaged in physical fitness activities. The percent of children at less than 85 percentile in Body Mass Index for their age and height. The number of physical fitness programs implemented in preschools, homes, or through community based organizations. The number of children eating the recommended daily allowances of foods according to recognized guidelines. The number of families enrolled for supplemental nutrition programs. The number of children enrolled	➢ Increase the proportion of children that engage in moderate physical activity, and exercise regularly. ➢ Increase the proportion of children meeting statewide fitness standards. ➢ Increase the number of children 2 to 5 years of age consuming at least the daily recommended quantity of fruits and vegetables. ➢ Increase the proportion of families eligible for subsidized nutrition programs. ➢ Reduce the proportion of	♦ 29 of 100 individuals identified as being obese ♦ 47% of children 2-5 years are overweight or obese ♦ 21.7% of children met Statewide fitness standards ♦ 69% of population	15 of 100 individuals are identified as being obese

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.		Provide parent and/or caregiver education using a well-designed curriculum that addresses basic nutrition/physical fitness education and that increases knowledge of effective nutritional development for young children.	in nutrition programs that decrease consumption of fast foods. The number of parents, childcare providers, and healthcare professionals involved in education and support programs that promote health and nutrition for young children.	families reporting that their children had consumed fast food the prior day. ➢ The increase in the number of parents and caregivers involved in child nutrition and physical fitness education.	eligible for WIC services enrolled in 2005 ♦ 42% of population eligible for Food stamp program enrolled in 2008	
	♦ Increase access to health insurance for families with children 0-5 years of age.	6. Develop/expand comprehensive risk management and effective health care case management services. Develop effective referral and enrollment programs to support healthcare enrollment for eligible families.	6. The number of children 0-5 with health insurance coverage. The number of families with young children enrolled in subsidized healthcare programs. The number of support services established to increase health insurance participation rates. The number of standards of care developed by healthcare professionals including shared outcomes, indicators and performance standards. The number of County health providers specifying what types of insurance coverages are offered to their patients. Document the number of supplemental health payments that are available to patients e.g., sliding fee scales, payment	➢ The increased proportion of families with young children eligible for subsidized healthcare programs that enroll in these programs. ➢ The increased proportion of families and children that are insured and remain insured. ➢ Increased utilization of sliding fee scales, payment programs, etc. ➢ The number of referrals and provider's staff time dedicated to accessing and qualifying consumers to health insurance options. ➢ The proportion increase in trainings and collaborative/ memorandums of understanding in the provision of insurance networking services.	♦ 3.7% of children 0-17 lacked health insurance coverage in 2009 ♦ 13.2% of children 0-5 not insured –SR database	10% of children 0-5 not insured

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.			plans, self-insured payment options, etc. The number of service providers assisting with the completion of necessary insurance application forms. The amount of trainings provided to service organizations and health providers to access and expedite insurance coverages. The number of collaborations/ memorandums of understandings to provide insurance networking services.			
		Promote services to ensure families maintain primary healthcare providers continuity of care.	The number of children 0-5 with a primary healthcare provider. The number of children with a regular healthcare home. The number of referrals made by the primary care providers to health related organizations, which includes those completed.	➢ The increase in the number of primary and specialty health care providers that are providing health services within the proposed delivery system. ➢ Increase in the proportion of children with a regular medical home.		
	♦ Increase the proportion of children 0-5 years of age identified with special needs.	7. Implement and support programs that work to identify young children that have a developmental delay or that may require services for children with special needs.	7. The number of developmental screening programs implemented. The number of children participating in early developmental screening programs. The number of children identified as not being at their age	➢ Increase the number of children participating in developmental screening services. ➢ Decrease the number of children identified as having developmental delays. ➢ The proportional increase in children receiving well-baby and	♦ Early Develop-mental screening – 23% children 0-5 ♦ Children Enrolled in Special Education	50% of children 0-5 receive early developmental screening.

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
(continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.			appropriate developmental level. The number of children screened through well-baby or well-child check-up or assessment services. The number of children referred for additional assessment or comprehensive screening services for developmental delay to a specialist or special program. The number of children enrolled in special education programs that are 0-5 years of age.	well-child checkups. ➢ The proportion of children identified as having developmental delays that are referred to a specialist or special program for comprehensive screening. ➢ An increase in the number of providers offering families developmental screening services. ➢ An increase in the number of children receiving special education services prior to kindergarten entry.	Programs in 2011 – 3,292 ♦ 405 were children 0-5; represents 2% of 0-5 age group ♦ Percent of children enrolled in Special Education Programs (7-yr average) 8.8% (10.9% for California)	

Sustainability and Support Strategies

Long-term Financial Planning:

Since it was formed in 1998, the Imperial County Children and Families First Commission (Commission) works to fund programs that intend to invest in services targeting children 0-5 years of age and their families. As the Commission moves beyond its initial seven-year period of organizational growth and development, it enters a period in which it must make careful and difficult funding decisions (incorporating the reality that, as the desired effect of reducing smoking rates is achieved, the tobacco tax dollars on which Prop 10 funds are based are decreasing and will continue to decline). The funds entrusted to the Commission specify the necessity to implement strategies that enhance the lives of children, ages 0 through 5, and their families. The intent of the Act is to provide resources to the local County Commissions for the support and improvement of early childhood development (Health and Safety Code Section 130140(1)(C). In abiding by the Act, the Commission fully endorses the criteria that *revenue shall be appropriated and expended only for the purposes expressed in the Act and shall be used only to supplement existing levels of service and not to fund existing levels of service. No monies in the California Children and Families Trust Fund shall be used to supplant State or local General Fund money for any purpose* (Revenue and Tax Code Section 3031.4).

The Commission began fiscal year 2012-2013 with:

- Financial Reserve Fund Balance of $2.05 million,
- Unassigned funds balance of $1.2 million,
- Budgeted (Committed) program investments of $2.35 million

Therefore to ensure careful monitoring, compliance with local and state laws and regulations, the Commission established a long term financial plan, based on its recently updated funding strategies, fund reserves and strategic plan. This long-term plan will serve as the framework to support future investments relevant to decisions authorized by the Commission that examine how to best make use of all its resources in order to ensure that the purpose to impact the lives of young children can be sustained for a proposed period of time, and extended as funding allocations change and strategic service planning is modified to meet needs at a local level. The Long Term Financial Plan establishes annual program investments that:

- Will continue to be maintained annually at a level between $1.7 to $2.2 million through the end of fiscal year ending 2017
- Are distributed to major grants and mini-grants that will not exceed $250,000 and $25,000 to each program, respectively
- Commission administered programs, if fully funded by Commission, will not exceed $300,000

The Long Term Financial Plan provides that:

- The Commission uses Prop 10 allocation funds to support program investment and began using reserves to support program investment since fiscal year 2009-10
- Reserves may be depleted by 2017-18
- Over the 7 years of the plan, the Commission is expected to receive $16.6 million in Prop 10 revenues and allocate approximately $20 million in program investments, funded in part by reserves

The local commission expenditures will occur through two distinct periods of program investment:

1. A period defined by an increase in reserves period from 2006/07 through 2008/09:
    - The Commission reserved $205,000 every year through fiscal year 2008/2009
    - An additional current reserve amount of $1.025 million will be maintained for safeguarding an unexpected reduction in tax revenues

2. Sustained Investment period from 2012/13 and beyond
    - The Commission Expenses will be funded by both Prop 10 tax revenues and reserves.
    - Major Grant Programs – Total annual funding for all grants will range from $1.7 to $2.2 million
    - Mini-Grants (optional) – Total annual funding will not exceed $150,000, and $25,000 to each program

The Long Term Financial Plan (LTFP) is an integral part of the Commission's ongoing planning cycle. On an annual basis, the plan will be updated with actual financial data and assumptions will be reviewed for continued accuracy. Changes to the Commission's LTFP will be driven by changes in strategic direction and/or philosophy as reflected in the Strategic Plan which will also be reviewed and revised on an annual basis. Proposition 10 revenues distributed to the Imperial County are anticipated to decrease annually. The Commission reserved an amount equal to $205,000 for every year since it was adopted through fiscal year 2008-2009. Commencing year 2009-2010, the reserve balance began to decrease by the

amount needed in order to offset the gap between annual tax revenues and total year expenses. Since tax revenues are expected to descend year after year and expenses will be slightly increasing, the gap will continue to widen; thus the amount funded through reserves will be increasing and the reserve fund will be decreasing annually. The Commission will face many challenges and opportunities in the years to come. In anticipation of such occurrences a strategy must be adopted to outline the approach the Commission will take in order to augment opportunities and offset challenges. Future challenges and opportunities the Commission might experience are:

- Tax revenues could increase or decrease in larger amounts than projected.
- Additional State required commitments may be imposed that will affect projected annual expenses.
- Previous year balances may be significantly larger than expected.
- Not enough programs requesting funds during a funding cycle may be perceived as being capable of meeting proposed strategies and therefore the Commission may not award amounts as expected.

The Commission will review the LTFP and modify the plan according to any financial changes that occurred during previous years. Various approaches to changes will be as follows:

- If revenues were to increase the Commission may move the plan forward to future years, implementing the Sustained Investment period at a later year.
- If revenues were to decrease larger than projected the Sustained Investment period may be implemented sooner and/or the annual expenses may be reduced.

Media and Marketing:

Effective means for conveying the importance and significant impacts Commission funded programs are having throughout Imperial County would require efforts to include comprehensive and targeted media and communications strategies. One such focus will include efforts to inform parents with children 0-5 years of age about the availability of new programs or enhanced services as a result of Commission investments in local service agencies through the request for proposal process. Communications strategies should reflect funding decisions and can be proposed by programs through this process or the Commission itself. The need for this type of outreach or communication will need to be cost effective and target efforts to better the lives of young children. A process to evaluate the impact of media projects will need to be implemented in order to fully meet the expectations of the Strategic Plan and for assessment on the effect this planning tool has on the community and families with children 0-5 years of age.

Due to the rural nature of Imperial County and the limited availability of funding, media strategies can be incorporated in prospective proposals, or developed through an initiative or special project proposed by the Commission. The intention is to ensure that funds earmarked by the Commission for media and marketing strategies are effective and maximize costs in a manner that is consistent with the mission of the Commission. This may include the formation of a special ad hoc committee, marketing and public relations professionals representative of the cultural diversity of the County, and agencies or individuals funded by the Commission to implement such strategies. In addition, this work should focus on the development of an outreach plan that includes a number of resources, electronic and print media format, and further include internet marketing strategies. Local media that reaches a diverse number of groups and is sensitive to the cultural and linguistic needs of the community should be incorporated into all aspects of the proposed outreach plan. Every attempt would be made to utilize the most proven strategies and incorporate newer media technologies to keep the program up-to-date. Inclusion of Internet capabilities and the local Commission maintaining a Website to include parenting, health and child development issues as well as website linkages to other Commissions will be developed. As Proposition 10 funds are used to support services identified in the Strategic Plan and funding initiatives are established to prioritize these needs, media and communications outreach efforts should be designed with the following:

- As a mechanism to inform parents and families with children 0-5 years of age of services offered by Proposition 10 funded agencies.
- Work to increase civic engagement in areas related to the development of young children.
- Provide information designed to improve public awareness with respect to the optimal development of the child and the need for additional investments related to positive parenting, family support services, childcare and early education opportunities, and child health.
- Establish a local campaign that focuses on what it means for a child to be school ready.
- Incorporate a structure that supports awareness of Commission funded programs, in addition to new programs serving children 0-5 years of age, their families and caregivers.
- Further support plans that provide additional services to children 0-5, and that may leverage matching funds from other sources that support children 0-5 as

- well as those that are older and entering the K-12 school system.
- Generate collaborative networks that work to instill new and innovative strategies that focus on bettering the lives of young children, maximize resources, and work to ensure sustainability.

Management Information Systems:

The Commission recognizes the need to integrate data collection to validate desired programmatic outcomes. This scenario will pose challenges to case management and client tracking issues. The Commission is committed to ensuring the cost-effectiveness of all funds spent to serve children 0-5 years of age. Therefore, it will require all agencies funded by the Commission through Proposition 10 funds to incorporate the statewide data collection system or Proposition 10 Evaluation Data System (PEDS). This system will be used by the Commission and Commission funded projects to report on progress for evaluation purposes. This inclusive system includes specific data entry functions that enable identification, provide aggregate and individual data reports, include intake reports for client monitoring, in addition to narrative entry to expand levels of service, and features to support filtered reports at both program and county levels.

The Commission proposes to hire support staff to provide technical assistance with the MIS system adopted to identify and track children and families being served by Proposition 10 funding in Imperial County. The Consultant would facilitate the coordination of service delivery methodologies through the efficient management of client information while protecting consumer confidentiality. Data would be relevant to the proposed Outcomes-based Accountability Framework and the overall Evaluation Plan. The process will further incorporate quarterly reports with additional information to support consistency and availability of narrative to express individual and program based efforts to provide services to children 0-5, their families and caregivers.

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